
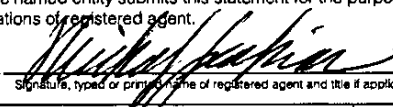



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F07000001132</b>					
<b>1. Entity Name</b> INTERSTATE COMMERCIAL REAL ESTATE, INC.					
<b>Principal Place of Business</b> 9 EAST 40TH ST, 9TH FL. NEW YORK, NY 10016			<b>Mailing Address</b> 9 EAST 40TH ST, 9TH FL. NEW YORK, NY 10016		
<b>2. Principal Place of Business - No P.O. Box #</b> 17000 Horizon Way,		<b>3. Mailing Address</b> 17000 Horizon Way,			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Mount Laurel, NJ		City & State Mount Laurel, NJ			
Zip 08054	Country USA	Zip 08054	Country USA	<b>4. FEI Number</b> 22-3201819	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  JEKOGIAN, NICKOLAS W III 3000 HOLIDAY DR, APT 905 FT LAUDERDALE, FL 33316			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.</b>					
SIGNATURE 		DATE <u>11/5/08</u> <u>856-439-9200</u>			
(NOTE: Registered Agent signature required when reinstating)		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			(Empty space for additional information)		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SILVESTRI, JOHN P 17000 HORIZON WAY, SUITE 100 MT. LAUREL, NJ 08054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137710092 11/06/08--01033--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEKOGIAN, NICKOLAS W 3000 HOLIDAY DR, APT 905 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137710092 11/06/08--01033--007 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWTHER, KENNETH E 17000 HORIZON WAY, SUITE 100 MT. LAUREL, NJ 08054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty space)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARPE, THOMAS C 17000 HORIZON WAY, SUITE 100 MT. LAUREL, NJ 08054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty space)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty space)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty space)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty space)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty space)	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			DATE <u>11/5/08</u> <u>856-439-9200</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

