

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 OCT 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F08000001707

1. Corporation Name

Dovetail Managing General Agency Corporation

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
		121 River Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Tax Dept 8th Floor	
City & State		City & State	
		Hoboken, NJ	
Zip	Country	Zip	Country
		07030	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	
04/16/2008	
5. FEI Number	Applied For
20-8853828	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

NAME

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100291340451

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Candice Pignataro **Candice Pignataro**
Assistant Secretary

Date 10/14/2016

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	FRANCIS, STEVE	1333 MAIN ST. STE 600	COLUMBIA, SC 29201
SEC	KERSCHNER, BARRY	1166 AVE OF THE AMERICAS	NEW YORK, NY 10036
TREAS	JAHNEL, FERDINAND	1166 AVE OF THE AMERICAS	NEW YORK, NY 10036
VP	GIGLIOTTI, JOSEPH P.	121 RIVER STREET	HOBOKEN, NJ 07030
DIR	DRZIK, JOHN PAUL	1166 AVE OF THE AMERICAS	NEW YORK, NY 10036
DIR	MCNASBY, JAMES J.	1166 AVE OF THE AMERICAS	NEW YORK, NY 10036

10. E-mail Address: loraine.j.mazza@mimc.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Joseph Gigliotti **JOSEPH GIGLIOTTI** 10/13/16 201-284-4397
Daytime Phone

OCT 17 2016

R. HUNT

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

10/17/2016

ACCT. I20160000072

Jma

Name:	DOVETAIL MANAGING GENERAL AGENCY Corporation
Document #:	
Order #:	

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

RECEIVED
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT
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Filing:	Certified:
	Plain:
	COGS:

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 750

Thank you!

OCT 17 2016

R. HUNT