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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>11 NOV -4 AM 10:25</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # F10000000785</b> 1. Corporation Name <b>WEICHERT CORPORATE HOUSING, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>225 LITTLETON ROAD</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>225 LITTLETON ROAD</b> Suite, Apt. #, etc.		500214001925 11/04/11--01037--003 **750.00  CR2E081 (11/10)	
City & State <b>MORRIS PLAINS NJ</b>		City & State <b>MORRIS PLAINS NJ</b>			
Zip <b>07950</b>	Country <b>USA</b>	Zip <b>08+60</b>	Country <b>USA</b>		
4. Date incorporated or Qualified To Do Business in Florida <b>02/16/2010</b>				5. FEI Number <b>26-4281277</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>CORPORATION SERVICE COMPANY</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>					
Suite, Apt. #, Etc.					
City <b>TALLAHASSEE</b>		State <b>FL</b>	Zip Code <b>32301</b>		
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 <i>Elizabeth B. Homieczny</i> Date <b>10-24-11</b> 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		
	SEE ATTACHED LIST				
10. E-mail Address: <b>bconklin@weichertrealtors.net ; JLANAHAN@weichertrealtors.net</b> <small>(To be used for future annual report notification)</small>					
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: <i>Jan A.</i>		10/17/11 973-397-8501 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**WEICHERT CORPORATE HOUSING, INC.**

**OFFICER/DIRECTOR LIST**

**President/Secretary**

PALESTRINI, FRANCIS J  
225 LITTLETON ROAD  
MORRIS PLAINS NJ 07950

**Treasurer**

COX, JOHN J  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950

**CEO**

ROBINSON, MICHAEL T  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950

**Assistant Secretary**

SULLIVAN, KAREN  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950

**Vice President**

BOYER, LAURIE  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950

**Vice President**

BALDUCCI, SUSAN  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950

**Assistant Treasurer**

HESSE, JOHN  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950

**Director:**

WEICHERT, JAMES M  
1625 ROUTE 10  
MORRIS PLAINS NJ 07950