PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 AUG -7 AM 9:32

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F11000000307

1. Corporation Name
Laurel Oak Properties Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1025 Laurel Oak Rd	1025 Laurel Oak Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Voorhees, NJ	City & State: Voorhees, NJ
Zip: 08043 Country: USA	Zip: 08043 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/25/2011

5. FEI Number: Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T 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

REINSTATEMENT
AUG 07 2013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 FLORIDA STATUTES F.S.

Signature of Registered Agent: Connie Bryan Connie Bryan Date: 8/7/2013

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
CBO	Susan N. Story	1025 Laurel Oak Rd	Voorhees, NJ 08043
CFO	William D Rogers	1025 Laurel Oak Rd	Voorhees, NJ 08043
SEC	Steven C Robbins	1025 Laurel Oak Rd	Voorhees, NJ 08043
Compt	Mark Chesla	1025 Laurel Oak Rd	Voorhees, NJ 08043
director	Walter J Lynch	1025 Laurel Oak Rd	Voorhees, NJ 08043
director	Kellye L Walker	1025 Laurel Oak Rd	Voorhees, NJ 08043

10. E-mail Address: _____
(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: Steve Robbins 8/6/13 856 345 5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
LAUREL OAK PROPERTIES CORPORATION

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AUG 07 2013

R. HUNT