PLEASE READ ALL INSTRUCTION. LEFORE COMPLETING THIS FORM. FLORIDA DEPAREMENT OF STATE DOCUMENT # £ 930000017173 98 JUL 31 AM 9: NR 1. Corporation Name CHOATE DEVELOPMENT CORP. Principal Place of Business Mailing Address 215 Gordons Corner Road SAME Suite 1-A Manalapan, NJ 07726 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 22-2375692 Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED tora Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip (Do NOT Use Post Office Box Numbers) 101 Double Creek Parkway Freehold, NJ 07728 Pres. Howard P. Goldberg VP & Sec. Howard L. Drescher 2 Citation Court Marlboro, NJ 07746 30000260**7**333----08/04/98--**0**1093--026 ***1200.00 ***1200.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Howard L. Drescher Street Address (P.O. Box Number is Not Acceptable) PLE MOY LIN A CONTROL MOAD > Suite_l-A-3480 S. MiliTARY TRANGENTAL BUSINESS 300002607**3**33 Manalapan, NJ 07726 -08/04/98--**01**083--027 ****150960726668150.00 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. and I Turch Signature of Registered Agent _ / Date _June_23 __1998 Howard L. Drescher REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information Yes ___ on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all less owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made

Vice President 6/23/98 (732)792-7899
WE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dato

SIGNATURE: