

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 29 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002976

1. Corporation Name

Columbia National, Incorporated

2. Principal Office Address

520 Broadhollow Rd

Suite, Apt. #, etc.

City & State

Melville, NY

Zip

11747

Country

Suffolk/USA

3. Mailing Office Address

7142 Columbia Gateway Dr

Suite, Apt. #, etc.

City & State

Columbia, MD

Zip

21046

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1993

5. FEI Number

520957267

Applied For

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

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

*Stephen Adamo*

STEPHEN ADAMO  
ASSISTANT SECRETARY

Date 12/24/03

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
Pres	MICHAEL STRAUSS	520 Broadhollow Road	Melville, NY 11747
EVP	STEPHEN HOZIE	520 Broadhollow Road	Melville, NY 11747
Sec.	ALAN B. HORN	520 Broadhollow Road	Melville, NY 11747

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10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Alan B. Horn*

Alan B. Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

516-396-7703  
Daytime Phone #

CR2E081 (10/02)

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