

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 OCT 21 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003005**

1. Corporation Name
INDEPENDENT FINANCIAL MARKETING GROUP, INC.

Principal Place of Business Mailing Address
 100 MANHATTANVILLE RD 100 MANHATTANVILLE RD
 PURCHASE NY 10577 PURCHASE NY 10577
 US US
 ATTN: P. WONG
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/29/1993	
City & State		City & State		5. FEI Number	
Zip		Country		13-3585648	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SPADAFORA, ROBERT	100 MANHATTANVILLE RD	PURCHASE NY 10577
VP	ROBERT J. MCKENNA MCKENBERG, CLIFF	100 MANHATTANVILLE RD	PURCHASE NY 10577
EVPD	RIPEPI, BRUCE F	100 MANHATTANVILLE RD	PURCHASE NY 10577
D	NORTON GOSS, II MERRIT C. ALLEN JR	ONE SUN LIFE EXECUTIVE PARK 600 ATLANTIC AVE	WELLESLEY HILLS, MA 02481 BOSTON MA 02210
D	THEODORE PALLADINO POLHEMUS, JAMES J	100 MANHATTANVILLE RD 100 MANHATTANVILLE	PURCHASE, NY 10577 PURCHASE NY 10577
EVPCAO	JOANNE NOVAK	100 MANHATTANVILLE RD.	PURCHASE, NY 10577

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 600024247546	
		City 10/29/03--01015--024 **750.00	
		State	Zip Code
		FL	

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. or 617.0505, F.S.

Robin LaPeters
Assistant Secretary

Signature of Registered Agent: *[Signature]* Date: **10/17/03**

REGISTERED AGENT MUST SIGN

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., 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)(l), 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: *[Signature]* **BRUCE F. RIPEPI** 10/14/03 914-641-4725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (7/03)