

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1998 8:00 am
Secretary of State

DOCUMENT # **F94000004123**

1. Corporation Name
PRWT SERVICES, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
(The same as principal)
One Penn Center at
Suburban Station, Suite 555
Philadelphia, PA 19103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc. N/A City & State N/A Zip N/A Country		3. New Mailing Office Address, If Applicable N/A Suite, Apt. #, etc. N/A City & State N/A Zip N/A Country		4. Date Incorporated or Qualified To Do Business in Florida 8/9/94	
5. FEI Number 23-252-8512				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO & Pres.	Willie F. Johnson	One Penn Center at Suburban Station, Suite 555	Philadelphia, PA 19103
Exec. V.P.	Raymond A. Saulino	Same as above	Same as above
Exec. V.P.	William L. Turner	Same as above	Same as above.
Exec. V.P.	Malonease Shaw	Same as above	Same as above
Exec. V.P.	Fletcher H. Wiley	270 Congress Street Suite 400	Boston, MA 02210

8. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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.

Signature of Registered Agent **Connie Bryan** REGISTERED AGENT MUST SIGN **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date **4/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: **Fletcher H. Wiley** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fletcher H. Wiley, Exec. V.P. & Gen. Couns.
Date **5/25/98** (617) 338-2034 Daytime Phone #