

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **F94000005589**

01 FEB -9 PM 3:11

1. Corporation Name

MAFG RIA SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~844 N LENOLA RD
 SUITE 1
 MOORESTOWN NJ 08057
 US~~

~~844 N LENOLA RD
 SUITE 1
 MOORESTOWN NJ 08057
 US~~



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1994

~~102 Gaither Drive~~

~~102 Gaither Drive~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3203853

Applied For

~~City & State
 Mt. Laurel NJ~~

~~City & State
 Mt. Laurel NJ~~

Not Applicable

~~Zip 08054 Country USA~~

~~Zip 08054 Country USA~~

6. CERTIFICATE OF STATUS DESIRED \$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
C	BERINGER, THEODORE A	844 N LENOLA RD SUITE 1	MOORESTOWN NJ
			800003782748--4 02/27/01-01084-001 ***150.00 ****150.00
			800003782748--4 02/27/01-01084-002 ***750.00 ****750.00

REINSTATEMENT 02-01-1998

8. Name and Address of Current Registered Agent

9. Name and Address of Former 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. _____
 City _____ State **FL** Zip Code _____

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date 12/26/00

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)(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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/01

Date

(856) 793-5000

Daytime Phone #

CR2E040 (8/00)