PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS F94000005618 DOCUMENT # 99 DEC 10 PM 2: 30 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA PLANNED FINANCIAL CONCEPTS. INC. Principal Place of Business Malling Address 46 WYNNEWOOD ROAD 46 WYNNEWOOD ROAD LIVINGSTON NJ 07039 LIVINGSTON NJ 07039 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Willaubrook B River 10/28/1994 Suite. Apt. #. 5. FEI Number 23*0*5 Applied For 22-2523849 Not Applicable U.6. \$8.75 Additional Fee require CERTIFICATE OF STATUS DESIRED 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 City / State / Zip Title(s) PANOS, JUDY CE0 **46 WYNNEWOOD ROAD** LIVINGSTON NJ ٧ FRANKLIN, DEBRA **46 WYNNEWOOD ROAD** LIVINGSTON NJ PANOS, HARRY Q. 46 WYNNEWOOD ROAD Livingston NJ EDELMAN, BRIAN 46 WYNNEWOOD ROAD Livingston nj **8**0307332 -12/17/99--01003--010 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LOSS, MICHAEL 2500 UNIVERSITY BLVD. SUNRISE FL 33322 tion 607.0505. F.S. Signature of Registered Agent 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 filling 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: