

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR 13 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F95000001382

1. Corporation Name

MSPS Reflections, Inc.

Principal Place of Business

Mailing Address

c/o CMS Affiliated Partnerships c/o CMS Companies

One Bala Plaza

1926 Arch Street

Suite 412

Philadelphia, PA 19103

Bala Cynwyd, PA 19004

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/1995

5. FEI Number

23-2801551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

98-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Silberberg, Paul	One Bala Plaza, #412	Bala Cynwyd, PA 19004
D	Solomon, Mark	One Bala Plaza, #412	Bala Cynwyd, PA 119004
VS	Mitchell, Richard	One Bala Plaza, #412	Bala Cynwyd, PA 19004
VT	Landman, William A.	One Bala Plaza, #412	Bala Cynwyd, PA 19004
VAS	Welch, Ingrid R.	One Bala Plaza, #412	Bala Cynwyd, PA 19004

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, if applicable) 3000000203743--1

Suite, Apt. #, Etc.

04/11/00--01031--001  
\*\*\*1050.00 \*\*\*1050.00

City

State

FL

Zip Code

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

Mary Alice Rogers

MARY ALICE ROGERS  
Assistant Vice President

Date 3/10/00.

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:

Richard A. Mitchell  
Vice President

3/10/2000 215-246-3034

Date

Daytime Phone #

CR2E081 (12/98)