


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 4:00

DOCUMENT # F95000001382

1. Corporation Name

MSPS REFLECTIONS, INC.

Principal Place of Business

Mailing Address

C/O CMS AFFILIATED PARTNERSHIPS
ONE BALA PLAZA, SUITE 412
BALA CYNWYD PA 19004

~~C/O CMS COMPANIES~~
1926 ARCH STREET
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

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

03/20/1995

5. FEI Number

23-2801551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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	SILBERBERG, PAUL	ONE BALA PLAZA, #412	BALA CYNWYD PA 19004
D	SOLOMON, MARK	ONE BALA PLAZA, #412	BALA CYNWYD PA 19004
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
100004634931-8 -11/27/01--01037-008 *****158.75 *****158.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A Mitchell 10/25/01 215-246-3000

October 31, 2001

VIA OVERNIGHT DELIVERY

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attn: Reinstatement Division

Re: MSPS Reflections, Inc.
Document #F95000001382

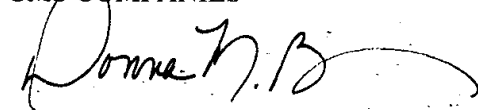
To whom it may concern:

Attached please find Florida's Form Application for Reinstatement for MSPS Reflections, Inc. The fees enclosed represent the standard Annual Report Fee, Corporate Supplemental Fee (Profit Corporations only), and Certificate of Status fee. We have not included a Reinstatement Fee of \$600 since the **original business report notices were not received** by the Corporation. We apologize for the inconvenience.

Please do not hesitate to contact me directly if anything further is required.

Sincerely,

CMS COMPANIES



Donna M. Becker
Compliance Officer

Direct Dial: (215) 246-3017
Email: dmb@cmsco.com

DMB/003689364
Enclosures

CMS