


PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 25 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 96000000399					
1. Corporation Name PHOENIX MERGER CORP.					
Principal Place of Business 540 Western Maryland Parkway Hagerstown, Maryland 21740			Mailing Address 540 Western Maryland Parkway Hagerstown, Maryland 21740		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 01/17/96	
5. FEI Number 22-2269911				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	2	3	4	5. City / State / Zip	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			
CEO CP D	Louis LaSorsa	455 E. B altimore Street	Greencastle, PA 17225		
CFO D, S, V	Edward Lieberman	4310 Mountville Drive	Jefferson, MD 21755		
V, D	Dion von der Lieth	55 Wyandemere Drive	Woodcliff Lake, NJ 07675		
V, D	John Carbone	11416 Eastwood Court	Hagerstown, MD 21742		
DAS	Andrew Goodman	208 Beverly Road	Scarsdale, NY 10583		
CIO	Thomas Newell	1029 The Terrace	Hagerstown, MD 21742		
8. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 N.E. 167th Street, Ste 300 N. Miami Beach, Florida 33162			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is acceptable) City State Zip Code		
Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN			Date 11/24/98		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Edward Lieberman <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10/30/98 Daytime Phone # 301-733-0018		

REINSTATEMENT

CITE 607.0401

2

Attachment For Florida Reinstatement- Question 7

D	Govi C. Reddy	540 Western Maryland Parkway	Hagerstown, MD 21740
D	David Rubin	540 Western Maryland Parkway	Hagerstown, MD 21740