PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG -3 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001707

1. Corporation Name

MCCABE AND SCARLATA, INC.

Principal Place of Business in FLORIDA WAS:
KENNEDY EXECUTIVE CTR
407 WEKIVA SPRINGS ROAD, SUITE 213
LONGWOOD, FL 32779

Mailing Address
WE NO LONGER HAVE A LOCATION IN FLORIDA
CORRESPONDENCE TO:
700 RIVER AVENUE, SUITE 400
PITTSBURGH, PA 15212

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

REINSTATEMENT 07-08

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: April 8, 1996

5. FEI Number: 25-13-99857 | 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)

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-08/05/98--01109--011
****908.75 ****908.75

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
S/T	ANTONIA SCARLATA	309 WILDBERRY ROAD	PITTSBURGH, PA 15238
C	JOSEPH McCABE	925 SUMMIT DRIVE	WEXFORD, PA 15090
D	MICHAEL LINDBERG	977 IVYCROFT ROAD	WAYNE, PA 19087

JB 8-4-98

8. Name and Address of Current Registered Agent

Judith Z Lightner
10014 North Dale Mabry Highway
Suite 101
Tampa, FL 33618

9. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation | State: FL | Zip Code: 32301

CR2E040 (12/96)

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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date: 8/4/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Joseph M. McCabe — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH M. MCCABE

Date: 7.31.98
Daytime Phone #: 412-323-8500