

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 26 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96 000002638

1. Corporation Name

INSERVE SUPPORT SOLUTIONS, INC.

2. Principal Office Address

SADDLE RIVER EXECUTIVE CENTRE

Suite, Apt. #, etc.

1 ROUTE 17 SOUTH

City & State

SADDLE RIVER, NJ

Zip

07458

Country

US

3. Mailing Office Address

SADDLE RIVER EXECUTIVE CENTRE

Suite, Apt. #, etc.

1 ROUTE 17 SOUTH

City & State

SADDLE RIVER, NJ

Zip

07458

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1996

5. FEI Number

680289289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT 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

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

Date

4/14/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	CHARLES T. SالدARINI	SADDLE RIVER EXECUTIVE CENTRE 1 ROUTE 17 SOUTH	SADDLE RIVER, NJ 07458
T/D	BERNARD C. BOYLE	SADDLE RIVER EXECUTIVE CENTRE 1 ROUTE 17 SOUTH	SADDLE RIVER, NJ 07458
S	BETH JACOBSON	SADDLE RIVER EXECUTIVE CENTRE 1 ROUTE 17 SOUTH	SADDLE RIVER, NJ 07458
D	KENNETH ROSE	SADDLE RIVER EXECUTIVE CENTRE 1 ROUTE 17 SOUTH	SADDLE RIVER, NJ 07458

10. 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

BERNARD C. BOYLE

Date

4/19/05

Daytime Phone #

201-258-8451

CR2E081 (01/05)