PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUN 25 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006183

1. Corporation Name
O I C MANAGEMENT, INC.

Principal Place of Business / Mailing Address
9600 WEST SAMPLE RD
Suite 302
CORAL SPRINGS, Fla. 33065

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

REINSTATEMENT 98-967

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11.25.96

5. FEI Number: 31-148-3270 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	THOMAS D'ORIA	9600 WEST SAMPLE RD Suite 302	CORAL SPRINGS, Fla 33065
C	Raymond Hovsepian	555 City Line Ave	Bala Cynwyd, Pa 19004
S/T	ANN GLASS	555 City Line Ave.	Bala Cynwyd, Pa 19004
VP/D	Sidney Zilber	555 City Line Ave.	Bala Cynwyd, Pa 19004
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8. Name and Address of Current Registered Agent
C.T. CORPORATION SYSTEM
1200 South Pine Island RD.
PLANTATION, Fla. 33324

9. Name and Address of New Registered Agent
Name: THOMAS D'ORIA
Street Address (P.O. Box Number is Not Acceptable): 9600 WEST SAMPLE RD
Suite, Apt. #, Etc.: Suite 302
City: CORAL SPRINGS State: FL Zip Code: 33065

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: X Thomas D'Oria (REGISTERED AGENT MUST SIGN) Date: 6.20.99

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: X Thomas D'Oria 6.20.99 9547960224
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)