

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # F97000003574**

1. Corporation Name

**STRATEGIC PERFORMANCE FUND-II, INC.**

Principal Place of Business

8 CAMPUS DRIVE.. 4TH FLOOR  
PARSIPPANY NJ 07054

Mailing Address

8 CAMPUS DRIVE.. 4TH FLOOR  
PARSIPPANY NJ 07054

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

07/09/1997

5. FEI Number

22-3497330

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	STOESSER, JOEL W	8 CAMPUS DRIVE., 4TH FLOOR	PARSIPPANY NJ 07054
V	MAURER, JOHN	8 CAMPUS DRIVE., 4TH FLOOR	PARSIPPANY NJ 07054
VT	FLANAGAN COYLE, BERNADETTE	8 CAMPUS DRIVE., 4TH FLOOR	PARSIPPANY NJ 07054
V	DEL PIZZO, VICTOR A	8 CAMPUS DRIVE., 4TH FLOOR	PARSIPPANY NJ 07054
AS	MARTINEAU, MARIE L	8 CAMPUS DRIVE., 4TH FLOOR	PARSIPPANY NJ 07054
AT	SCHNEIDER, LAURA	8 CAMPUS DRIVE., 4TH FLOOR	PARSIPPANY NJ 07054

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

100003455861--8

-11/07/00--01103--015

\*\*\*\*767.50 Date \*\*\*\*767.50

FL

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 of Registered Agent*  
**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

**Patrick A. Nolan**  
**Assistant Secretary**

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 of Victor Del Pizzo*  
**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Victor Del Pizzo, Vice President**

10/24/00

Date

973-683-1721

Daytime Phone #

CR2EC040 (8/00)