

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 26 AM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9800000079**

1. Corporation Name
FIRST JERSEY FINANCIAL CORP.

900004554779--2
-08/24/01--01035--010
***1050.00 ***1050.00

900004554779--2
-08/24/01--01035--011
*****17.50 *****17.50

2. Principal Office Address 1864 Route 70 East Cherry Hill, NU 08003 Suite, Apt. #, etc.		3. Mailing Office Address 1864 Route 70 East Cherry Hill, NJ 08003 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1/6/98	
5. FEI Number 22-2285544	Applied For Not Applicable
6. CERTIFICATE OF REINSTATEMENT <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Louis Kassen	900.00 - Adm	4901 <i>[Signature]</i>
Street Address (P.O. Box Number is Not Acceptable) 4416 Tranquility Dr.	61.25 - AC	
Suite, Apt. #, Etc.	88.25 - ARSuff	
City Highland Beach	State FL	Zip Code 33487

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 *[Signature]* Date 7/23/2001
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
C	Alma Myers	1864 Route 70 East	Cherry Hill, NJ 08003
VC	Thomas Opher	1864 Route 70 East	Cherry Hill, NJ 08003
D	Frank T. James	1864 Route 70 East	Cherry Hill, NJ 08003
VP	Jeff Kassen	1864 Route 70 East	Cherry Hill, NJ 08003

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: **JEFF KASSEN, VICE PRESIDENT** *[Signature]* Date 7/23/01 (856) 424-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)