

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 22 AM 11:27

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07
CR2E081 (1/07)

DOCUMENT # F98000000079

1. Corporation Name

FIRST JERSEY FINANCIAL CORP.

2. Principal Office Address - No P.O. Box #
1867 Greentree Rd.

3. Mailing Office Address
1867 Greentree Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cherry Hill, NJ 08003

Cherry Hill, NJ 08003

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 STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Louis Kassen

Street Address (P.O. Box Number is Not Acceptable)
12694 Oak Run Court

Suite, Apt. #, Etc.

City State Zip Code
Boyton Beach FL 33436

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

3/21/07

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
Pres.	Frank T. James	1867 Greentree Rd.	Cherry Hill, NJ 08003
Trea	Jeff Kassen	1867 Greentree Rd.	Cherry Hill, NJ 08003

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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 contained in Chapter 119, 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:

Frank T. James, Pres.

3/21/07

(856) 424-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #