

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 26 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002795**

1. Corporation Name

PLYMOUTH SPV I INC.

2. Principal Office Address

35 AIRPORT RD

Suite, Apt. #, etc.

STE 150

City & State

MORRISTOWN NJ

Zip

07960

Country

USA

3. Mailing Office Address

35 AIRPORT RD

Suite, Apt. #, etc.

STE 150

City & State

MORRISTOWN NJ

Zip

07960

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-15-98

5. FEI Number

22-3570856

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

NRAI SERVICES INC.

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

526 E. PARK AVE.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

ALISON HAND

Date **4/26/04**

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
P	FRANK T. MACIOS	35 AIRPORT RD, STE 150	MORRISTOWN, NJ 07960
S	DOUGLAS BADASZEWSKI	35 AIRPORT RD, STE 150	MORRISTOWN, NJ 07960
AT	JIM PURCELL	35 AIRPORT RD, STE 150	MORRISTOWN, NJ 07960

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:

FRANK T. MACIOS

FRANK T. MACIOS

Date **4/22/04**

Daytime Phone # **(973) 267-9775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (01/04)