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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 NOV 28 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000007047

REINSTATEMENT 05-06

1. Corporation Name

Configuration Management, Inc.

2. Principal Office Address	3. Mailing Office Address
140 Broad Street	140 Broad street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Red Bank NJ	City & State: Red Bank NJ
Zip: 07701 Country:	Zip: 07701 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 223158499 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

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: [signature] Troy Todd as its agent Date: 11/28/2006

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	Anderson, William P	140 Broad Street	Red Bank NJ 07701

10. I certify that I am an officer or director of 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: William P Anderson 11-28-06 732 450 1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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K. Eckel NOV 28 2006

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

TRay - CSC #2440

CORPORATION REINSTATEMENT

CONFIGURATION MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00