

NOV. 28. 2006 10:30AM

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NO. 287 P. 2/2

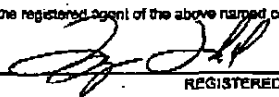
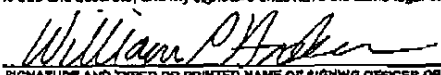
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 8

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F98000007047							
1. Corporation Name Configuration Management, Inc.							
2. Principal Office Address 140 Broad Street				3. Mailing Office Address 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 ☐ \$6.75 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 807.0506 or 817.0503, F.S.							
Signature of Registered Agent						Troy Todd as its agent	
		REGISTERED AGENT MUST SIGN				Date 11/28/2006	
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 or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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:						4-28-06 732 450 1100	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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K. Eckel NOV 28 2006

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

TROY - CSC #2440

CORPORATION REINSTATEMENT

CONFIGURATION MANAGEMENT INC.

Certificate of Status	0
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