

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 19 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000002938**

1. Corporation Name

MARKETSOURCE CORPORATION

2. Principal Office Address

3. Mailing Office Address

10 ABEELE ROAD

10 ABEELE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRAWBURY, NJ

CRAWBURY, NJ

Zip

Country

Zip

Country

08512

USA

08512

USA

100004451691--1

-06/29/01--01050--018

******908.75 ****908.75**

**4. Date Incorporated or Qualified
To Do Business in Florida**

06.08.99

5. FEI Number

223479403

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

JOHN ROSS

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

MARINE TERRACE

Suite, Apt. #, Etc.

1018 N. ATLANTIC AVENUE

City

DAYTONA BEACH

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date

6-4-2001

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 RESIDENT	Alan Bowles	10 Abbele Road	Cranbury, NJ 08512
V/T	Martin D. Levine	10 Abbele Road	Cranbury, NJ 08512
100	Frank P. Morelli	10 Abbele Road	Cranbury, NJ 08512
S	Lori R. Marullo	10 Abbele Road	Cranbury, NJ 08512

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI ROSE MARULLO, ESQ.
GENERAL COUNSEL

Date

Daytime Phone #

5-9-2001

609-860-5369

CR2E081 (9/00)