

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



DOCUMENT # F99000005937

1. Corporation Name

CIRCLE HOUSING CORPORATION

Principal Place of Business

8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY NJ 07054

Mailing Address

8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY NJ 07054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1999

SP

5. FEI Number

22-3496517

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	STOESSER, JOEL W	8 CAMPUS DRIVE, 4TH FLOOR	PARSIPPANY NJ 07054
VD	DARK, JOHN W	TWO RAVINA DRIVE, SUITE 1400	ATLANTA GA 30346
V	LEVY, NOAH	TWO RAVINA DRIVE, SUITE 1400	ATLANTA GA 30346
T	COYLE, BERNADETTE	8 CAMPUS DRIVE, 4TH FLOOR	PARSIPPANY NJ 07054
S	KENDALL, ELLEN T	8 CAMPUS DRIVE, 4TH FLOOR	PARSIPPANY NJ 07054
D	DEL PIZZO, VICTOR	8 CAMPUS DRIVE, 4TH FLOOR	PARSIPPANY NJ 07054

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

LT Corporation system

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

000003455820--5

City

Plantation

State

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Signature of Registered Agent*

Patrick A. Nolan  
Assistant Secretary

Date 11/1/2000

REGISTERED AGENT MUST SIGN

11. 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)(l), 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 of Victor Del Pizzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Victor Del Pizzo, Director

10/24/00

Date

973-683-1721

Daytime Phone #

CR2040 (8/00)