

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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


FILED
00 NOV -2 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



REINSTATEMENT 00

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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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: <i>CT Corporation System</i> Street Address (P.O. Box Number is Not Acceptable): <i>1200 South Pine Island Road</i> Suite, Apt. #, Etc.: <i>000003455820--5</i> City: <i>Plantation</i> State: <i>FL</i> Zip Code: <i>33324</i>
---	---

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: *Patrick A. Nolan*
REGISTERED AGENT MUST SIGN: **Patrick A. Nolan**
Assistant Secretary
Date: *11/1/2000*

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: *Victor Del Pizzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Victor Del Pizzo, Director**
Date: *10/24/00*
Daytime Phone #: *973-683-1721*

CR2E040 (8/00)