

F 99000005937

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT-22 PM 2:20

TALLAHASSEE, FLORIDA

905024247469
10/29/03-01015--017 **758.75

DOCUMENT # F99000005937

1. Corporation Name

Circle Housing Corporation

2. Principal Office Address

8 Campus Drive

Suite, Apt. #, etc.

4th Floor

City & State

Parsippany, NJ

Zip

07054

Country

U.S.A.

3. Mailing Office Address

8 Campus Drive

Suite, Apt. #, etc.

4th Floor

City & State

Parsippany, NJ

Zip

07054

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

11/16/99

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. Name and Address of Current Registered Agent

Name

CTR Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

REINSTATEMENT 2003

State
FL

Zip Code
33324

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

Ellen T. Kendall, Asst. Secy

REGISTERED AGENT MUST SIGN

Date 10/21/03

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 |
|--------|-----------------------------------|--|----------------------|
| D P | Noah R. Levy | 8 Campus Drive, 4th Floor | Parsippany, NJ 07054 |
| D V | John W. Dark | Two Ravinia Drive | Atlanta, GA 30346 |
| D V | Joseph D. Margolis | 8 Campus Drive, 4th Floor | Parsippany, NJ 07054 |
| D | Dale H. Taysom | Two Ravinia Drive | Atlanta, GA 30346 |
| S | Ellen T. Kendall | 8 Campus Drive, 4th Floor | Parsippany, NJ 07054 |
| T | Bernadette Coyle | 8 Campus Drive, 4th Floor | Parsippany, NJ 07054 |

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: *Ellen T. Kendall*

Ellen T. Kendall,
Secretary

10/2/03

(973) 734-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)