

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -2 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 141230

1. Corporation Name

THE DRUCKER COMPANY INTERNATIONAL, INC.

2. Principal Office Address

200 Shady Lane

Suite, Apt. #, etc.

City & State

Phillipsburg, PA

Zip

16866

Country

USA

3. Mailing Office Address

200 Shady Lane

Suite, Apt. #, etc.

City & State

Phillipsburg, PA

Zip

16866

Country

USA

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

1/9/1990

5. FEI Number

650165383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-05

7. Name and Address of Current Registered Agent

Name

Kenneth J. Moscone

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

4501 NW 103rd Avenue

Suite, Apt. #, Etc.

Suite 102

City

Sunrise

State

FL

Zip Code

33351

200058533932

08/12/05--01049--002 **1808 75

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

K Moscone

REGISTERED AGENT MUST SIGN

Date July 29, 2005

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/S/T	Kenneth J. Moscone	200 Shady Lane	Phillipsburg, PA 16866

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:

K Moscone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 29, 2005

Date

(814) 342-6205

Daytime Phone #

CR2E001 (01/05)