

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64466

1. Corporation Name

Fowler Agency, Inc.

2. Principal Office Address

101 JFK Parkway

Suite, Apt. #, etc.

City & State

Short Hills, NJ

Zip

07078

Country

Essex

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98-08

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-88

5. FEI Number

59-2864004

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

United Corporate Services

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

9200 S. Dadeland Blvd.

Suite, Apt. #, Etc.

City

Miami

000060952020

10/26/05--01035--019 **8.75

000060952020

10/26/05--01035--020 **1800.00

State

FL

Zip Code

33156

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

SEE ATTACHED
REGISTERED AGENT MUST SIGN

Date

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
PDC	John A. Windolf	22 Featherbed Lane PO Box35	New Vernon, NJ 07976
SD	G. Alex Crispo	10 Harwood Drive	Madison, NJ 07940
VD	Douglas T. Cook	96 Forest Way	Essex Fells, NJ 07021
T	Christopher T. Wetzel	6 Darlington Drive	Rockaway, NJ 07866
D	Leonard R. Cannarozzi	89 Summit Avenue	Freehold, NJ 07728
			10/26/05

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

Corporate Secretary



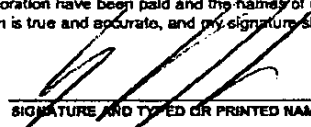
10-7-05

Date

973-921-8243

Daytime Phone #

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M64466			
1. Corporation Name Fowler Agency, Inc.			
2. Principal Office Address 101 JFK Parkway <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <small>Suite, Apt. #, etc.</small>	
City & State Short Hills, NJ		City & State	
Zip 07078	Country Essex	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 1-13-88	
		5. FEI Number 59-2864004	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name United Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 9200 S. Dadeland Blvd.			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33156
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 10/14/05	
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
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SIGNATURE: 		Corporate Secretary	10-7-05 973-921-8243
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>