

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -6 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000020738

1. Corporation Name

100% GIRLS OF FLORIDA, INC.

2. Principal Office Address

100 METRO WAY

Suite, Apt. #, etc.

City & State

SECAUCUS, N.J.

Zip

07094

Country

USA

3. Mailing Office Address

100 METRO WAY

Suite, Apt. #, etc.

City & State

SECAUCUS, N.J.

Zip

07094

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-28-2000

5. FEI Number

22-3720457

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Date

REGISTERED AGENT MUST SIGN

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
CEO/ PRES	ROBERT S. BLAND	100 METRO WAY	SECAUCUS, NJ 07094
SEC/ VP/IGC	JEFFREY A. KLEIN	100 METRO WAY	SECAUCUS, NJ 07094
TREAS/ VP	MICHAEL A. ABATE	100 METRO WAY	SECAUCUS, NJ 07094
EVP/ CFO/AS	STEVEN J. LAMB	100 METRO WAY	SECAUCUS, NJ 07094
D	CLEVELAND CHRISTOPHE	100 METRO WAY	SECAUCUS, NJ 07094
D	DARRYL THOMPSON	100 METRO WAY	SECAUCUS, NJ 07094

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

MICHAEL A. ABATE
Vice President/Treasurer

12/1/02

Date

201-319-9093

Daytime Phone #

CR2E081 (9/01)