

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 31 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110952

1. Corporation Name

CBFL MANAGEMENT INC.

2. Principal Office Address

101 W. MAIN STREET

Suite, Apt. #, etc.

City & State

MOORESTOWN, NJ

Zip
08057

Country

BURLINGTON

3. Mailing Office Address

1811 CHESTNUT STREET

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

Zip

19103

Country

PHILADELPHIA

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

11-20-2001

5. FEI Number

52-2357602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

W. BRADLEY MOORE, ESQUIRE

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

239 E. VIRGINIA STREET

Suite, Apt. #, Etc.

800061452078

11/15/05--01079--013 **750.00

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

W. Bradley Moore
REGISTERED AGENT MUST SIGN

Date 10-28-05

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 |
|-----------|--------------------------------------|---|--------------------------------------|
| PRESIDENT | <u>KENNETH KOCHETZKE</u> | <u>101 W. MAIN STREET</u> | <u>MOORESTOWN, NJ 08057</u> |
| V.P. | <u>BARBARA EVANS</u> | <u>101 W. MAIN STREET</u> | <u>MOORESTOWN, NJ 08057</u> |
| | | | <u>800061452078</u> |
| | | | <u>11/15/05--01079--014 **150.00</u> |
| | | | <u>OCT 31 2005</u> |

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:

William Evans VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-05 215-970-2222

Date

Daytime Phone #