

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -6 PM 4: 54

DOCUMENT # **P04000033500**

1. Corporation Name

Exact Payroll Inc

800117246088
02/06/08--01013--013 **\$600.00

2. Principal Office Address - No P.O. Box #

1101 S Rogers Circle

Suite, Apt. #, etc.

Suite 10

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

3993 Huntingdon Pike

Suite, Apt. #, etc.

Suite 110

City & State

Huntingdon Valley, PA

Zip

19006

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-01 (PA Corp)

5. FEI Number
23-3066253

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

Mitchell Lightman

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

19707 WATERS POND LANE 402

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/24/08

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
Pres	Mitchell Lightman	19707 WATERS POND LANE 402	Boca Raton, FL 33434
			B 2/08/08
			REINSTATEMENT 05-08

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 contained in Chapter 119, 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]

Mitchell Lightman

Date

1/24/08

Daytime Phone #

215-344-8077