

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY 20 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR **94-98**
 REINSTATEMENT

DOCUMENT # **PO4543**

1. Corporation Name
The Prudential Realty Group, Inc.

Principal Place of Business Mailing Address
Prudential Plaza
Newark, NJ 07102

REINSTATEMENT 94-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/6/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 222540245	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	E. Michael Caulfield	Prudential Plaza	Newark, NJ 07102
VP	Jonathan M. Greene	Prudential Plaza	Newark, NJ 07102
Sec.	Mary L. Cavanaugh	Prudential Plaza	Newark, NJ 07102
Dir.	E. Michael Caulfield	Prudential Plaza	Newark, NJ 07102
Dir.	Jonathan M. Greene	Prudential Plaza	Newark, NJ 07102
Dir.	John R. Strangfeld	8 Campus Drive	Parsippany, NJ 07054

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 000002545700 City FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Mary L. Cavanaugh* Date **5/19/98**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Mary L. Cavanaugh* Mary L. Cavanaugh 5/15/98 *96.25
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 1253.75 State Zip Code1253.75