PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 29 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04696

1. Corporation Name

CIS CORPORATION

Principal Place of Business	Mailing Address
1 NORTHERN CONCOURSE P O BOX 4785 SYRACUSE NY 13221 US	1 NORTHERN CONCOURSE P O BOX 4785 SYRACUSE NY 13221 US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
45 Broadway	45 Broadway
Suite, Apt. #, etc.: Suite 1105	Suite, Apt. #, etc.: Suite 1105
City & State: New York, NY	City & State: New York, NY
Zip: 10006 Country:	Zip: 10006 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 01/18/1985 SP

5. FEI Number: 16-1258753 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SVP	MEER, JONAH M	~~ONE N CONCOURSE~~ 45 Broadway	~~SYRACUSE NY 13221~~ New York NY 10006
~~T~~	~~LEWIS, JR, BRUCE W~~	~~1 N CONCOURSE~~ 45 Broadway	~~SYRACUSE NY 13221~~ New York NY 10006
~~S~~	~~MOSHER, JAMES J~~	~~ONE N CONCOURSE~~ 45 Broadway	~~SYRACUSE NY 13221~~ New York NY 10006
PD	ROSEN, MICHAEL L	~~1 N CONCOURSE~~ 45 Broadway	~~SYRACUSE NY 13221~~ New York NY 10006
			000003063930--6 -12/08/99--01026--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505.

Signature of Registered Agent: ~~Jonah M Meer~~ Deborah D. Skipper as its agent Date: 10/13/99
REGISTERED AGENT MUST SIGN

11. 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: ~~Jonah M Meer~~ ~~JONAH M MEER~~ . 10/13/99 212-771-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #