

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 DEC 22 AM 9:08 DIVISION OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P05014 PHC-106</u>					
1. Corporation Name <u>PRUDENTIAL HOMES CORPORATION</u> <u>500 SUMMIT LAKE DRIVE</u> <u>VALHALLA, NY 10595</u>					
Principal Place of Business Mailing Address <u>500 SUMMIT LAKE DRIVE</u> <u>VALHALLA, NY 10595</u>					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>2/14/85</u> 5. FEI Number <u>13-2876884</u> 6. CERTIFICATE OF STATUS DESIRED ☐	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
CEO	Matthew M. Luca	500 SUMMIT LAKE DRIVE	VALHALLA, NY 10595		
PRES.	T. Stephen GROSS	500 SUMMIT LAKE DRIVE	VALHALLA, NY 10595		
TREASURER	STEVEN R. WESTER	500 SUMMIT LAKE DRIVE	VALHALLA, NY 10595		
VICE PRES.	Richard E. Schwartz	500 SUMMIT LAKE DRIVE	VALHALLA, NY 10595		
ASST. SECRETARY	THOMAS J. GIBNEY	500 SUMMIT LAKE DRIVE	VALHALLA, NY 10595		
				000002379930-7	
8. Name and Address of Current Registered Agent <u>THE PRENTICE HALL CORPORATION SYSTEM</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <u>97</u> REINSTATEMENT City _____ State <u>FL</u> Zip Code _____		
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 <u>Deborah W. Skipper, as agent</u> Date <u>12/23/97</u> 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 118.07(3)(ii), 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: <u>Thomas J. Gibney</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>12/27/97</u> (914) 741-6011 Date Daytime Phone #		



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 645077 7116376

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : December 22, 1997

ORDER TIME : 2:54 PM

ORDER NO. : 645077-015

CUSTOMER NO: 7116376

CUSTOMER: Ms. Sonia Hollies
PRUDENTIAL RESOURCES
MANAGEMENT
200 Summit Lake Drive

Valhalla, NY 10595

DOMESTIC FILING

NAME: PRUDENTIAL HOMES CORPORATION

EFFECTIVE DATE: 0

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: _____

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PRUDENTIAL HOMES CORPORATION