

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 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P22082					
1. Corporation Name ML/MSB ACQUISITION, INC.					
Principal Place of Business 200 SUMMIT LAKE DRIVE VALHALLA, NY 10595			Mailing Address 200 SUMMIT LAKE DRIVE VALHALLA, NY 10595		
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 12/12/98 5. FBI Number 00-1201357 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 Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
CEO	MATTHEW M. LUCA	200 SUMMIT LAKE DR. VALHALLA, NY 10595	VALHALLA, NY 10595		
PRES.	T. STEPHEN GROSS	200 SUMMIT LAKE DRIVE	VALHALLA, NY 10595		
TREASURER	STEVEN R. WESTER	200 SUMMIT LAKE DR.	VALHALLA, NY 10595		
VICE PRES.	MICHAEL E. WASENIUS	200 SUMMIT LAKE DR.	VALHALLA, NY 10595		
ASST. SECRETARY	THOMAS J. GIBNEY	200 SUMMIT LAKE DR.	VALHALLA, NY 10595		
			100002379931 -- 4		
8. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION 1001 Hays Street Tallahassee, FL 32301			9. Name and Address of New Registered Agent Name _____ Street Address _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code 32301		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registered Agent: <u>Nelora Q. Skipper as agent</u> Date: <u>12/22/97</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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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			Date: <u>12/12/97</u> Daytime Phone #: <u>741-6011</u>		

CZEDM40 (12/96)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 645077 7116376

AUTHORIZATION :

Patricia P. [signature]

COST LIMIT : \$ 750.00

ORDER DATE : December 22, 1997

ORDER TIME : 2:52 PM

ORDER NO. : 645077-010

CUSTOMER NO: 7116376

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

Valhalla, NY 10595

DOMESTIC FILING

NAME: ML/MSB ACQUISITION, INC.

EFFECTIVE DATE:

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: _____

RECEIVED
FEB 10 1998
FBI NEW YORK
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