PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

AND FILED

98 DEC 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22772

1. Corporation Name

NORTON LILLY INTERNATIONAL INC.

Principal Place of Business	Mailing Address
200 PLAZA DRIVE SECAUCUS NJ 07096	200 PLAZA DRIVE SECAUCUS NJ 07096

REINSTATEMENT 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
435 CLARK RD	435 CLARK RD.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: SUITE 500
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE FL
Zip: 32218 Country: DUVAL	Zip: 32218 Country: DUVAL

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1989

5. FEI Number: 13-3138576 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

800002722418--9
-122498--01088--007
****750.00 ****750.00

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
~~CEO~~ D	GRIFFITH, J H	200 PLAZA DRIVE	SECAUCUS NJ 07096
P, CEO	CONRAD, W G	200 PLAZA DRIVE	SECAUCUS NJ 07096
SVPT	SPRAGUE, G L JR.	200 PLAZA DRIVE	SECAUCUS NJ 07096
D	MCMULLEN, J J	200 PLAZA DRIVE	SECAUCUS NJ 07096
D	MCMULLEN, J J JR.	200 PLAZA DRIVE	SECAUCUS NJ 07096
D D	MCMULLEN, P J BLIM, CA JR	200 PLAZA DRIVE "	SECAUCUS NJ 07096 "

12/23

8. Name and Address of Current Registered Agent

PIERCE, JOHN
9485 REGENCY SQ. BLVD.
NORTH REGENCY ONE, SUITE 215
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name: JOHN M PIERCE
Street Address (P.O. Box Number is Not Acceptable): 435 CLARK RD SUITE 500
Suite, Apt. #, Etc.: SUITE 500
City: JACKSONVILLE State: FL Zip Code: 32218

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, F.S.

Signature of Registered Agent: REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12-5-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-98
Date

904 713 0151
Daytime Phone #