

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P22772

1. Corporation Name

NORTON LILLY INTERNATIONAL INC.

Principal Place of Business

Mailing Address

435 CLARK RD
SUITE 500
JACKSONVILLE FL 32218

435 CLARK RD
SUITE 500
JACKSONVILLE FL 32218

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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)

-11/29/01--01059--018

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
DP	MCCAILL, BRENDAN	200 PLAZA DRIVE	SECAUCUS NJ 07096
PCEO	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	MCMULLEN, P J	200 PLAZA DRIVE	SECAUCUS NJ 07096

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERCE, JOHN M
435 CLARK RD
SUITE 500
JACKSONVILLE FL 32218

Name

Andrew Dunkle

Street Address (P.O. Box Number is Not Acceptable)

435 Clark Road

Suite, Apt. #, Etc.

Suite 500

City

Jacksonville

State

FL

Zip Code

32218

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-29-2001

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:

GEORGE L. SPRAGUE Jr. *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-2001

Daytime Phone #

9047130151



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (8/01)