Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT

BRCMC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

Page 1 of 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 DEC 30 PM 12:37

DOCUMENT # P25483

1. Corporation Name
BRCMC, Inc.

2. Principal Office Address		3. Mailing Office Address	
Woodland Falls Corporate Park, 210 Lake Dr. East		same	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Cherry Hill, NJ		City & State	
Zip 08002	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/2/89

5. FEI Number 22-2981580 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Michael H. Leeds

Street Address (P.O. Box Number is Not Acceptable): 1200 N. Federal Highway, Suite 417

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Michael H. Leeds Date: 12/29/08

MICHAEL H. LEEDS REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir/ Pres	Steven D. Weinstein	210 Lake Dr., East, Suite 200	Cherry Hill, NJ 08002
Dir/ VP	Michael H. Leeds	1200 N. Federal Highway	Boca Raton, FL 33432
Sec/ Treas	Bruce A. Eisenberg	210 Lake Dr. East, Suite 200	Cherry Hill, NJ 08002
		REINSTATEMENT 08 D P/30/08	

10. I certify that I am an officer or director of the corporation 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: _____ 12/29/08 856-779-3601
SIGNATURE AND TYPED OR PRINTED NAME OF BEING OFFICER OR DIRECTOR — Date — Daytime Phone #