
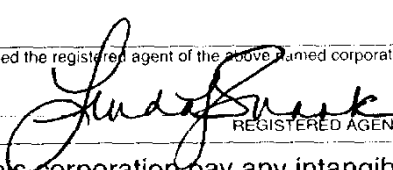
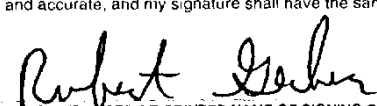


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 AUG 10 PM 12:01 300002960023--31 -08/13/99--01112--022 ***1058.75 ***1058.75	
DOCUMENT # P28252 1. Corporation Name JMM Operational Services, Inc.		Mailing Address 200 Old Hook Road Harrington Park, NJ 07640		REINSTATEMENT 97-99	
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 <div style="text-align: right;">2/26/90</div> 5. FEI Number 95-2668840 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <div style="float: right; border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee required for a Certificate of Status </div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Donald Correll	200 Old Hook Road	Harrington Park, NJ 07640		
D/T	Joseph Boyle	200 Old Hook Road	Harrington Park, NJ 07640		
D	Jean-Michel Brault	200 Old Hook Road	Harrington Park, NJ 07640		
D/P	David Sherman	200 Old Hook Road	Harrington Park, NJ 07640		
D	Joseph Simunovich	200 Old Hook Road	Harrington Park, NJ 07640		
S	Robert Gerber	200 Old Hook Road	Harrington Park, NJ 07640		
8. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, Florida 32301			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc City <div style="float: right;"> State FL Zip Code </div>		
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  Date 7/20/99 <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8/6/99 Daytime Phone # (801) 767-9300			

CP2E040 (12/96)