PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 10 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009701557
12/26/02--01073--012 **2250.00

DOCUMENT # P32395

1. Corporation Name
Control Building Services, Inc.

2. Principal Office Address	3. Mailing Office Address
333 Meadowland Parkway	333 Meadowland Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Secaucus, NJ	City & State: Secaucus, NJ
Zip: 07094 / Country: USA	Zip: 07094 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/4/91

5. FEI Number: 22-0777530 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James M. Barclay, Esq.
Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe Street
Suite, Apt. #, Etc.: Suite 815
City: Tallahassee — State: FL — Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: James Barclay — REGISTERED AGENT MUST SIGN — Date: 11.19.02

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
Director	Edward Turen	333 Meadowland Parkway	Secaucus, NJ 07094
Director	Neal Turen	333 Meadowland Parkway	Secaucus, NJ 07094

REINSTATEMENT 92-02

10. 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: Neal Turen — 30 Oct 02 — (201) 864-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR2E084 (9/01)

Ruden, McClosky et. al.
Requester's Name

215 S. Monroe Street, Suite 815
Address

Tallahassee, FL 412-2000
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Corporate Reinstatement
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in
- ☐ Pick up time _____
- ☐ Certified Copy
- ☐ Mail out
- ☐ Will wait
- ☐ Photocopy
- ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RECEIVED
02 DEC 10 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

CR2E031(7/97)