

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500132646635

CR2E081 (12/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P32395

1. Corporation Name

Control Building Services, Inc

2. Principal Office Address - No P.O. Box #

333 Meadowland Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Secaucus, NJ

City & State

Zip

07094

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

22 077530

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

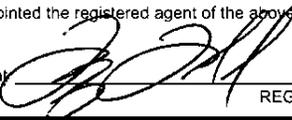
Zip Code

32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



Troy Todd  
as its agent

REGISTERED AGENT MUST SIGN

Date

7/9/08

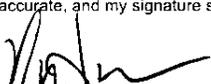
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Richard Matero	333 Meadowland Parkway	Secaucus, NJ 07094
V/D	Neal Turen	333 Meadowland Parkway	Secaucus, NJ 07094
S	Karen Marx	333 Meadowland Parkway	Secaucus, NJ 07094
T	Kevin O'Brien	333 Meadowland Parkway	Secaucus, NJ 07094
D	Edward Turen	333 Meadowland Parkway	Secaucus, NJ 07094

**REINSTATEMENT**

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 contained in Chapter 119, 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

7-02-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 599041 7229683

AUTHORIZATION

*[Handwritten Signature]*

COST LIMIT : \$ 1350.00

ORDER DATE : June 5, 2008

ORDER TIME : 5:0 PM

ORDER NO. : 599041-085

CUSTOMER NO: 7229683

RECEIVED  
08 JUL 10 AM 10:42  
AIE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CONTROL BUILDING SERVICES,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TROY TODD

EXAMINER'S INITIALS

**RH**