

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P34294**

1. Corporation Name

**NETMOVES CORPORATION**

Principal Place of Business

Mailing Address

399 THORNALL ST.  
EDISON NJ 08837  
US

399 THORNALL ST.  
EDISON NJ 08837  
US

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

Zip

Country

**Attention: Controller**  
**399 Thornall Street**  
**Edison, NJ 0**  
**08837 USA**

4. Date Incorporated or Qualified To Do Business in Florida

**06/13/1991**

5. FEI Number

**11-3025769**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PD</del>	<del>MURAWSKI, THOMAS</del>	<del>379 THORNALL ST</del>	<del>EDISON NJ</del>
<del>D</del>	<del>LABANT, ROBERT</del>	<del>2425 OLYMPIC AVE</del>	<del>SANTA MONICA CA</del>
<del>VC</del>	<del>MACALUSO, PETER S.</del>	<del>379 THORNALL ST</del>	<del>EDISON NJ</del>
<del>D</del>	<del>HOWLEY, PETER A</del>	<del>185 BERRY STR STE 5100</del>	<del>SAN FRANCISCO CA</del>
<del>D</del>	<del>DRAZEN, JEFFREY</del>	<del>3000 SANDHILL ROAD</del>	<del>MENLO PARK CA</del>
	<b>See Appendix A attached hereto</b>		<b>500003447095-0</b> <b>-11/01/00-01056-018</b> <b>****758.75 ****758.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**REINSTATEMENT 00 18**

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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**  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
**REGISTERED AGENT MUST SIGN**

Date **10/23/2000**

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:

**SIGNATURE REQUIRED**  
**David Ambrosia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/18/2000** **212-425-4200**  
Date Daytime Phone #

CR2E040 (8/00)

# NetMoves Corporation

## Appendix A

Title(s)	Name of Officers and or Directors	Street Address of Each Officer and/or Director	City/State/Zip
C/D	Gorman, Gerald	11 Broadway, 6 <sup>th</sup> Floor	New York, NY 10004
CEO	Murawski, Thomas	11 Broadway, 6 <sup>th</sup> Floor	New York, NY 10004
P	Schrader, Brad	399 Thornall Street	Edison, NJ 08837
S/V	Ambrosia, David W.	11 Broadway, 6 <sup>th</sup> Floor	New York, NY 10004
T	Cross, Gregory	11 Broadway, 6 <sup>th</sup> Floor	New York, NY 10004
V	McClister, Debra	11 Broadway, 6 <sup>th</sup> Floor	New York, NY 10004
V	Macaluso, Peter	399 Thornall Street	Edison, NJ 08837