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
97 DEC 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37958

1. Corporation Name
THE RELOCATION FUNDING CORPORATION OF AMERICA

Principal Place of Business
900 SUMMIT LAKE DRIVE
VALHALLA, NY 10595

Mailing Address

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

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 95-2816015 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO	MATTHEW M. LUCIA	900 SUMMIT LAKE DR.	VALHALLA, NY 10595
TREASURER	STEVEN R. WESTER	900 SUMMIT LAKE DR.	VALHALLA, NY 10595
VP	MICHAEL E. WASENIUS	900 SUMMIT LAKE DR.	VALHALLA, NY 10595
ASST. SECTY.	THOMAS J. GIBNEY	900 SUMMIT LAKE DRIVE	VALHALLA, NY 10595

800002380138--6

8. Name and Address of Current Registered Agent

The Prentice Hall Corporation System
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number NOT Acceptable)
Suite, Apt. #, Etc.
City — State: FL — Zip Code

REINSTATEMENT 95-97

12-23-97

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: Deborah D. Skipper, As agent — Date: 12-22-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (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: Thomas J. Gibney — 12/7/97 — (914) 741-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 645077 7116376

AUTHORIZATION : Patricia Pyatt

COST LIMIT : $ 1080.00

ORDER DATE : December 22, 1997

ORDER TIME : 2:56 PM

ORDER NO. : 645077-020

CUSTOMER NO: 7116376

CUSTOMER: Ms. Sonia Hollies
PRUDENTIAL RESOURCES
MANAGEMENT
200 Summit Lake Drive

Valhalla, NY 10595

DOMESTIC FILING

NAME: THE RELOCATION FUNDING CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: _____