· • • • • • • • • • • • • • • • • • • •	E READ A	LL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM
PLEAS		FLORIDA DEPARTMENT OF STATE	FILED
APPLICATION	(2/ <b>G</b> - 12)	Vetherine Herris	1 16-6-19

FOR REINSTATEMENT

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

99 OCT -4 PM 3: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P93000028200 **DOCUMENT #** 

1. Cory pration Name

Vero/Fidoreo LS, Inc.

المتعلمة	CHARA	വില	ISIDOSS

Mailing Address

NO 1-12. UNILLIA. IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

550 Broad Street Newark, NJ 07102 1201 Hays Street Tallahassee, FL 32301

DEINGTATEMENT CO.CO.

9/17/99 not-374-6611

					1 SF-18 A	O IVI PINEIAI	90.99	
If above addresses are incorrect in any way, line through incor 2 New Principal Office Address, If Applicable 3. New		3. New Mailir	ncorrect information and enter correction below.  New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida 4/15/93			
Suite Apt #, etc		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number Applied For			
City & State		City & State	City & State		58-2049817   Not Applicable			
Žip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 65 for a Certificate of Status			
7. Alamae ar	nd Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit corp	porations must list at le	ast 3 directors)			
Name of Officers and/or Directors		Street Address of Each Officer end/or Director 3 (Do NOT Use Post Office Box Numbers)		 r	City / State / Zip			
		301 S. College Street		et	Charlotte, NC 28288			
Pres. John R. McCord		190 River Road		Summit, NJ 07901				
Sec.			301 S. College Street		Charlotte, NC 28288			
Treas.	T. Mariah		1339 Chestnut Street		Philadelphia, PA 19107			
S.V.P.			301 S. College Street		et	Charlotte, NC 28	288	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
			Suite, Apt. #, E					
			City	y State Zip Code				
	y appointed the registered agent of the	above named cor	rporation, am fami	liar with and accept the	obligations of Se	ection 607.0505, F.S.		
	Plagent Lleborah A	O Skin	AGENT MUST SIC	Deborah D. 8	<b>Skipper</b>	Date	- · -	
   11. Th	nis corporation owes thangible Personal Prop	e current	vear	_,	s 🗖 No	(See other side for on intangit	or information le tax.)	
12 Leertif	y that I am an officer or director or the r instatement application, the reason for car by the corporation have been paid and application is true and accurate, and re	eceiver or trustee	empowered to ex een eliminated, the	recute this application as corporate name satisf	as provided for in fies the requirement for an exemption	chapter 607 or 617, F.S. I further ce	rtify that when filing I, F.S., that all fees a information indicated	





ACCOUNT NO. : 072100000032

396912 REFERENCE :

AUTHORIZATION

\$ 908.75

COST LIMIT :

ORDER DATE: October 4, 1999

ORDER TIME: 12:07 PM

600003004586--2

ORDER NO. : 396912-005

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst

First Union Corporation One First Union Ctr Legal Dept. - 31st Floor Charlotte, NC 28288

DOMESTIC FILINGS

NAME: VERO/FIDOREO LS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS