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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 27 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023357

1. Corporation Name: Udell Associates, Inc.

2. Principal Office Address: 1900 Summit Tower Blvd.
Suite, Apt. #, etc.: Suite 240
City & State: Orlando, FL
Zip: 32810 Country:

3. Mailing Office Address: c/o National Financial Partners Corp.
Suite, Apt. #, etc.: 1301 Avenue of The Americas, 30th FL
City & State: New York, NY
Zip: 10019 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/12/99

5. FEI Number: 13-4072128 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.: Ste. 105
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: Tabatha Fiorelli Asst VP Date: 10/26/00
REGISTERED AGENT MUST SIGN

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
	See Attached		

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REINSTATEMENT 00

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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: Miriam L. Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Miriam L. Katz
Date
Daytime Phone # 2127677994

Directors, Officers Report

Udell Associates, Inc.

Wednesday, October 25, 2000

DIRECTORS

Ross Campbell	Director
Bruce Udell	Director
Janet S. Udell	Director

OFFICERS

Bruce Udell	President
	Treasurer
Janet S. Udell	Vice President
	Secretary
Ross Campbell	Vice President
Douglas W. Hammond	Vice President
	Assistant Secretary
Lori Lieser	Vice President
Miriam I. Katz	Assistant Secretary

Address for Bruce Udell and Janet Udell:
1900 Summit Tower Blvd., Suite 240
Orlando, FL 32810

Address for all other directors and officers:
C/o National Financial Partners Corp.
1301 Avenue of the Americas
30th Floor
New York, NY 10019

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ACCOUNT NO. : 072100000032

REFERENCE : 877203 7197172

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 750.00

ORDER DATE : October 26, 2000

ORDER TIME : 11:54 AM

ORDER NO. : 877203-005

CUSTOMER NO: 7197172

CUSTOMER: Ms. Miriam Katz
National Financial Partners
1301 Avenue Of The Americas
30th Floor
New York, NY 10019

DOMESTIC FILINGS

NAME: UDELL ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 2:29

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING