

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049145

1. Corporation Name

DOWLING HOLDINGS, INC.

Principal Place of Business

1700 ROUTE 23 NORTH, SUITE 100  
WAYNE NJ 07470

Mailing Address

1700 ROUTE 23 NORTH, SUITE 100  
WAYNE NJ 07470

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3657958

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DOWLING, CHRISTOPHER S	69 MANDEVILLE DR	WAYNE NJ
VP	DOWLING, JEFFREY T	6604 NW 99TH AVE	PARKLAND FL 33076

100024478281  
11/06/03--01034--001 \*\*150.00

8. Name and Address of Current Registered Agent

MANN, ANDREW L P.A.  
4300 N. UNIVERSITY DRIVE  
SUITE C-203  
FT. LAUDERDALE FL 33351

9. Name and Address of New Registered Agent

Name

Mann & Wolf, LLP

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

4300 N. University Dr., Suite C-203

Suite, Apt. #, Etc.

Suite C-203

City

Sunrise

State

FL

Zip Code

33351

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. or 617.0505, F.S.

Signature of  
Registered Agent

~~Signature of Registered Agent~~

SIGNATURE  
REGISTERED AGENT MUST SIGN

Date 10/30/03

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 973-686-8000

CR2E040 (7/03)



October 17, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Document #: P99000049145  
Dowling Holdings Inc.  
1700 Route 23 North, Suite 100  
Wayne, NJ 07470

To Whom It May Concern:

Enclosed is our application for reinstatement. Unfortunately we never received the original application and was surprised to receive this reinstatement form.

With that in mind I hope you will give consideration to the fact that we did not receive the original application and will accept the enclosed check and application to file the 2003 Corporation Annual Report/Uniform Business Report.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "C. Dowling", with a stylized flourish at the end.

Christopher S. Dowling  
President

CSD/lm

Corporate Headquarters  
1700 Route 23 North, #100  
Wayne, NJ 07470  
(973) 696-8000 / Fax: (973) 696-1964  
E-mail: mail@dow-tech.com

New York Branch  
183 Main Street  
New Paltz, NY 12561  
(845) 255-7400/ (845) 255-7403  
E-mail: dfk@dow-tech.com