




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> V02393			
<b>1. Corporation Name</b> THE DRUCKER COMPANY, INC.			
<b>2. Principal Office Address</b> 200 Shady Lane  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 200 Shady Lane  Suite, Apt. #, etc.	
<b>City &amp; State</b> Philipsburg, PA		<b>City &amp; State</b> Philipsburg, PA	
<b>Zip</b> 16866	<b>Country</b> USA	<b>Zip</b> 16866	<b>Country</b> USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/26/1991			
<b>5. FEI Number</b> 650313196			<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee required for a Certificate of Status</b>
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Kenneth J. Moscone			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4501 NW 103rd Avenue			
<b>Suite, Apt. #, Etc.</b> Suite 102			
<b>City</b> Sunrise		<b>State</b> FL	<b>Zip Code</b> 33351
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> July 29, 2005	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D/ P/S/T	Kenneth J. Moscone	200 Shady Lane	Philipsburg, PA 16866
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>Date</b> July 29, 2005	<b>Daytime Phone #</b> (814) 342-6205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-05

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