

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002976

1. Corporation Name
Columbia National, Incorporated

2. Principal Office Address
520 Broadhollow Rd
Suite, Apt. #, etc.

3. Mailing Office Address
7142 Columbia Gateway Dr
Suite, Apt. #, etc.

City & State
Melville, NY

City & State
Columbia, MD

Zip Country
11747 Suffolk/USA

Zip Country
21046 USA

4. Date Incorporated or Qualified To Do Business in Florida **06/28/1993**

5. FEI Number **520957267**
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 **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
Suite, Apt. #, Etc.
City **Plantation**
State **FL** Zip Code **33324**

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 **Stephen Adamo** **STEPHEN ADAMO ASSISTANT SECRETARY** Date **12/24/03**
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
Pres	Michael Strauss	520 Broadhollow Road	Melville, NY 11747
EVP	Stephen Hozie	520 Broadhollow Road	Melville, NY 11747
Sec.	Alan B. Horn	520 Broadhollow Road	Melville, NY 11747

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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: **Alan B. Horn** **Alan B. Horn** Date **5/16-396-7703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)