APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

01 DEC 28 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004749062--6
-01/03/02--01042--027
****850.00 ****850.00

200004749062--6
-01/03/02--01042--028
*****50.00 *****50.00

REINSTATEMENT 200-01

DOCUMENT # 561125

1. Corporation Name

Roanoke Asset Management Corp.

2. Principal Office Address		3. Mailing Office Address	
29 Fifth Avenue		529 Fifth Avenue	
Suite, Apt. # etc.		Suite, Apt. #, etc.	
14th floor		14th floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10017	New York	10017	New York

4. Date Incorporated or Qualified To Do Business in Florida: 03/21/1978

5. FEI Number: 13-2932679 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporate System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. 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: Edwin G. Vroom Date: 11/27/2001

REGISTERED AGENT MUST SIGN

CR2E084 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Edwin G. Vroom	529 Fifth Avenue	New York, NY 10017
	Adele S. Weisman	924 West End Avenue	New York, NY

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Edwin G. Vroom Edwin G. Vroom 11/27/01 212-582-7580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 12-26-01

NAME: ROANOKE ASSET MANAGEMENT CORP.

TYPE OF FILING: REINSTATEMENT

COST: CHECK ATTACHED FOR $50.00 + $8.50

RETURN:

RECEIVED
01 DEC 26 PM 2:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FC[redacted]5

AUTHORIZATION: ABBIE/PAUL HODGE

DIVISION OF CORPORATION
01 DEC 28 AM 11:28
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