

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 26 AM 10:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F0200000814**

1. Corporation Name

CSK PUBLISHING COMPANY, INC.

Principal Place of Business

Mailing Address

745 5TH AVENUE
 NEW YORK NY 10151

~~745 5TH AVENUE~~
~~NEW YORK NY 10151~~



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
6405 Flank Drive

REINSTATEMENT 03
 Date Incorporated or Qualified
 RFD Business in Florida
02/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Harrisburg, PA

5. FEI Number

13-3023395

Applied For

Not Applicable

Country

Country
Dauphin

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	ROGERS, THOMAS S Dean Nelson	48 BILTMORE AVENUE 745 Fifth Avenue	RYE NY NY NY 10151
V	MCCURDY, CHARLES G Kelly Conlin	1158 5TH AVENUE 48 Buckingham St.	NEW YORK NY Cambridge MA 02138
VS	CHELL, BEVERLY C	21 SHEWATER HILL 745 Fifth Avenue	WESTPORT CT NY NY 10151
V	RUTKOWSKI, LAWRENCE R	69 HEATHER DRIVE	NEW CANAAN CT
VT	FLYNN, MATTHEW	53 JOYCE RD	HARTSDALE NY
V	DISCEPOLO, MICHAELANNE C	46 WOLF HILL ROAD	MELVILLE NY

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
100024984091
 Suite, Apt. #, Etc. **11/24/03--01099--021 **750.00**
 City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

GARY SHERMAN, ASST. SECRETARY

Date

11/18/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly C. Chell, Vice Chmn./Sect

Date

717-540-6600

Daytime Phone #

CR2E040 (7/03)