

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F02000004001**

1. Corporation Name

GENERATIONAL ART PRODUCTIONS INC.

Principal Place of Business

133 WEST 25TH STREET, 6TH FLOOR EAST
NEW YORK NY 10001

Mailing Address

133 WEST 25TH STREET, 6TH FLOOR EAST
NEW YORK NY 10001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2002

5. FEI Number

13-3756440

Applied For

Not Applicable

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
SCEO	GERARD, IAN	133 WEST 25TH STREET, 6TH FLOOR	NEW YORK NY 10001
PTD	WALDEN, ADAM	133 WEST 25TH STREET, 6TH FLOOR	NEW YORK NY 10001
D	GERARD, STEFAN	133 WEST 25TH STREET, 6TH FLOOR	NEW YORK NY 10001
D	GERARD, IAN	133 WEST 25TH STREET, 6TH FLOOR	NEW YORK NY 10001

REINSTATEMENT
400023796224

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

**Brian Courtney
Asst. V. Pres.**

REGISTERED AGENT MUST SIGN

Date

10/10/03

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.

Ian Gerard, CEO

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 212-255-7300

Date

Daytime Phone #

CR20040 (7/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 279080 7347167

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 750.00

ORDER DATE : October 14, 2003

ORDER TIME : 1:14 PM

ORDER NO. : 279080-005

CUSTOMER NO: 7347167

CUSTOMER: Ms. Andrea Bott
Generational Art Productions
6 East Floor, 133 West 25th
Street East
New York, NY 10011

REINSTATEMENT

NAME: GENERATIONAL ART PRODUCTIONS
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
03 OCT 14 PM 2:37
DIVISION OF CORPORATION