PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG -3 PM 1:45

DOCUMENT # F97000001301

1. Corporation Name

Martin Stuart, Ltd., Inc.

REINSTATEMENT

06-07

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
1400 Broadway		1400 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
Suite 2101		Suite 2101	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10018	United States	10018	United States

4. Date Incorporated or Qualified To Do Business in Florida 03/13/1997

5. FEI Number 13-3536644 ☐ 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	State	Zip Code
Plantation	FL	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 Margaret E Routzahn MARGARET E. ROUTZAHN Special Assistant Secretary Date 8/2/07
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
D/V	Christopher Hanssens	3420 Bell Atlantic Tower, 1717 Arch St.	Philadelphia, PA 19103
D/V	Christian Miller	3420 Bell Atlantic Tower, 1717 Arch St.	Philadelphia, PA 19103
D/S	Nicholas De Marco	1400 Broadway, Suite 2101	New York, NY 10018
D/T	Paul Palmeri	1400 Broadway, Suite 2101	New York, NY 10018
D/P	Martin Whalen	1400 Broadway, Suite 2101	New York, NY 10018
		100107455171 08/07/07--01057--018 **900.00	

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 contained in Chapter 119, 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: Paul Palmeri Paul Palmeri, Treasurer 7/30/07 (917) 510-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #