

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 13 PM 3:07

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **F98000002951**

1. Corporation Name

THE NEW YORK LAW PUBLISHING COMPANY

Principal Place of Business

Mailing Address

345 PARK AVE. SOUTH
 NEW YORK NY 10010

345 PARK AVE. SOUTH
 NEW YORK NY 10010

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

ATT: Robert Kondrachi, 9 Hood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

04/29/1998

5. FEI Number

13-3273851

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	POLLAK, WILLIAM L	20 GARDEN RIDGE	CHAPPAQUA NY 10514
DVS	BAGARIA, ANUP	106 CENTRAL PARK SOUTH APT. 10N	NEW YORK NY 10019

700024636887
 11/13/03--01044--018 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

Sheila Clark

SHEILA CLARK
 Assistant Secretary

Date 10/27/2003

REGISTERED AGENT MUST SIGN

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:

Sheila Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 20, 2003
 Date

42-545-5962
 Daytime Phone #

CR2E040 (7/03)



AMERICAN LAWYER MEDIA

To:
Florida Department of State
P O Box 6327
Tallahassee, FL. 32314 - 6327

Dear Sir:

October 30, 2003

In prior years we have been prompt and filed the necessary document in a timely manner.

The reason this year's fee was not paid is because we did not receive the original or second request from Florida.

Please accept the enclosed check as full payment for this year's Business Report, and rescind the reinstatement fee.

If there are any questions please contact me at the number, below.

Yours truly,

A handwritten signature in black ink, appearing to read 'R. Kondracki', written over a horizontal line.

Robert Kondracki
Director of Accounting
212-545-5962

ENC: