

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUL -2 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F99000001873

**1. Corporation Name**

Thurman Interim A, Inc.

**2. Principal Office Address**

11 Madison Ave.

**Suite, Apt. #, etc.**

5th Floor

**City & State**

New York, NY

**Zip**

10010

**Country**

USA

**3. Mailing Office Address**

11 Madison Ave.

**Suite, Apt. #, etc.**

5th Floor

**City & State**

New York, NY

**Zip**

10010

**Country**

USA

*[Handwritten signature]*

**REINSTATEMENT** 00-01

**4. Date Incorporated or Qualified  
To Do Business In Florida**

4/9/99

**5. FEI Number**

13-4030332

**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**

Corporation Service Company

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

1201 Hays Street

**Suite, Apt. #, Etc.**

**City**

Tallahassee

State  
**FL**

Zip Code  
32301-2525

**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

*[Handwritten signature]*  
REGISTERED AGENT MUST SIGN

Date

6/29/01

**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
Dir & Pres.	Joseph Huber	11 Madison Ave.	New York, NY 10010
Dir	Douglas Johnson	6525 Morrison Blvd.	Charlotte, NC 28211
VP	Fred Grand	11 Madison Ave.	New York, NY 10010
VP	Lawrence Goland	11 Madison Ave.,	New York, NY 10010
Sec.	Lori M. Russo	11 Madison Ave.	New York, NY 10010
Asst. Sec.	Rhonda G. Matty	11 Madison Ave.,	New York, NY 10010

**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. 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:**

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/01

Daytime Phone #

20-325-2822

CR02031 (9/00)



2022

ACCOUNT NO. : 072100000032

REFERENCE : 206488 163137A

AUTHORIZATION : *Patricia Pizut*

COST LIMIT : \$ 900.00

ORDER DATE : June 29, 2001

ORDER TIME : 9:54 AM

ORDER NO. : 206488-005

CUSTOMER NO: 163137A

CUSTOMER: Rhonda Matty, Vice President  
Credit Suisse First Boston  
11 Madison Avenue  
Legal & Compliance Dept., 7th  
New York, NY 10010-3629

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2001 JUL -2 AM 10:35

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: THURMAN INTERIM A, 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 \_\_\_\_\_