

**APPLICATION FOR REINSTATEMENT**



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

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000003106**

1. Corporation Name

**CENTRAL MARKETING SERVICES INC.**

Principal Place of Business

Mailing Address

30 IRVING PLACE  
 NEW YORK NY 10003

30 IRVING PLACE  
 NEW YORK NY 10003

*Handwritten initials*



**REINSTATEMENT 2000**

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

4. Date Incorporated or Qualified To Do Business in Florida

06/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2838838

Applied For

Not Applicable

City & State

City & State

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
CP	MCAHOM, CAROL	225 E 73RD PHA	NEW YORK NY 10003
VCS	MCAHON, PATRICK	276 AGOR LANE	MAHOPAC NY 10541
T	WORTH, GWENN	115 E. 9TH STREET	NEW YORK NY 10003
			100003511201--9 -12/22/00--01020--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

NISSLEY, VALERIE  
 3636 COMMERCIAL WAY  
 SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
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.

Signature of Registered Agent *Valerie Nissley* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11-21-2000

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:** *Valerie Nissley* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/20/00 212-260-0070  
 Daytime Phone #

CR2E040 (8/00)