

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03014

1. Corporation Name

Frank Crystal & Co. of Florida, Inc.

2. Principal Office Address

Two Alhambra Plaza

Suite, Apt. #, etc.

Suite 102

City & State

Coral Gables

Zip

33134

Country

3. Mailing Office Address

Two Alhambra Plaza

Suite, Apt. #, etc.

Suite 102

City & State

Coral Gables

Zip

33134

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 08/14/1984

5. FEI Number  
133225387

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 S. Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL Zip Code  
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

*Ann Kashowski*

Date

8-13-04

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
Pres	Mark E. Freitas	40 Broad Street	New York, NY 10004-2337
VP	Arthur H. Littmann	40 Broad Street	New York, NY 10004-2337
Dir	James W. Crystal	40 Broad Street	New York, NY 10004-2337

REINSTATEMENT 03-04

900040780949  
09/02/04--01041--011 \*\*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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.23.2004

Date

212-344-2444

Daytime Phone #

CR2E081 (01/04)