

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 29 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500177984435
04/27/10--01006--020 **750.00

CR2E081 (11/09)

09-10

DOCUMENT # P08000014377

1. Corporation Name

Tulk Realty Inc.

2. Principal Office Address - No P.O. Box #

c/o Loeb Block & Partners

Suite, Apt. #, etc.

505 Park Avenue

City & State

New York, New York

Zip

10022

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida February 7, 2008

5. FEI Number

26-2036979

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.

Tallahassee

City

Florida

State

FL

Zip Code

32301

REINSTATEMENT

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, affirm that I understand and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

William M. Edrington
REGISTERED AGENT MUST SIGN

William M. Edrington

Authorized Representative

Date

4-26-2010

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 / S	M. Stephen Rasch	c/o Loeb Block, 505 Park Avenue	New York, New York 10022
D / P	Howard Berke	c/o Loeb Block, 505 Park Avenue	New York, New York 10022

500177984435
04/29/10--01024--011 **150.00

10. E-mail Address: srasch@loebblock.com

(To be used for future annual report notification)

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. I further certify 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:

M. Stephen Rasch

M. Stephen Rasch, Director

4/22/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #