

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 30 AM 10:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P25110

1. Corporation Name
STATECOURT ENT INC.

REINSTATEMENT

400023420914
09/30/03--01037--017 **900.00

2. Principal Office Address 40 E. 69th ST		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NY, NY		City & State	
Zip 10021	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1/11/61	
5. FEI Number 13-1845026	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOSEPH E. MAQUIRE		
Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD		
Suite, Apt. #, Etc. Suite 111		
City BOCA RATON	State FL	Zip Code 33431-7260

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 Date 9/24/03

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	JONATHAN P. ROSEN	40 E. 69th ST	NY, NY 10021
V.P	MIRIAM N. ROSEN	40 E 69th ST	NY, NY 10021
Sec.	IRVING S. BOBROW	40 E 69 ST	NY, NY 10021

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: 2/25/03 212-249-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)