

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 17 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001721

Corporation Name

ARBOR HOLDINGS CORP.

W000-9811

Principal Place of Business

111 E. 56TH STREET
SUITE 1501
NEW YORK, NY 10022

Mailing Address

111 E. 56TH STREET
SUITE 1501
NEW YORK, NY 10022

REINSTATEMENT

96-00

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 APRIL 7, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. PEI Number 13-3547663	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
PD	JACQUES GASTON MURRAY	111 E. 56TH STREET, #1501	NEW YORK, NY 10022
VPD	JEAN-JACQUES MURRAY	111 E. 56TH STREET, #1501	NEW YORK, NY 10022
STD	JEAN CHRISTOPHE PILLOIS	111 E. 56TH STREET, #1501	NEW YORK, NY 10022
			3000003222239-1 -04/25/00-01013-027 ***1208.75 ***1208.75
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FLORIDA 33324		Name Street Address (P.O. Box Number is Not Acceptable) 3000003222239-1 Suite, Apt. #, Etc. -04/25/00-01013-028 City ****150.00 ****150.00 FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 637.0505, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

4/17/00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☐ No ☐(See other side for information
on intangible tax.)

12. 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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 19.07(3)(b), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000
Date(212)644-0123
Telephone Number