

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 29 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021546

1. Corporation Name

VESENAZ, INC.

2. Principal Office Address

c/oWarshaw Burstein, 555 Fifth Ave

3. Mailing Office Address

c/oWarshaw Burstein, 555 Fifth Ave

Suite, Apt. #, etc.

Floor 11

Suite, Apt. #, etc.

Floor 11

City & State

New York New York

City & State

New York New York

Zip

10017

Country

USA

Zip

10017

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 06, 1998

5. FEI Number

582485415

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

Navon, Samuel D.

Street Address (P.O. Box Number is Not Acceptable)

2699 Stirling Road

Suite, Apt. #, Etc.

Suite B-100

City

Fort Lauderdale

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date

10/25/04

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
PD	Pollan, Stephen M.	555 Fifth Avenue, Floor 11	New York, New York 10017
VS	Ross, Allen N.	555 Fifth Avenue, Floor 11	New York, New York 10017

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)(f), 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

Allen N. Ross, Vice Pres.

Date

10/25/04 212 984-7792

Daytime Phone #

CR2E081 (01/04)