PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
	PPLICATION FOR	FLORIDA DEPARTMENT OF STAT Jim Smith Secretary of State		E		
	ISTATEMENT Division of corporations				FILED	
DOCUMENT # 348654 1. Corporation Name				02 NOV -6 AM ID: 40		
CHARLES H. GREENTHAL OF FLORIDA, INC.						
Principal Place of Business Mailing Address				TALLA	ETARY OF STA MASSEE, FLOR	$\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 $
C/O THE CHALRES H. GREENTHAL GROUP. INC. 4 PARK AVENUE NEW YORK NY 10016 C/O THE CHALRES 4 PARK AVENUE NEW YORK NY 10016 C/O THE CHALRES 4 PARK AVENUE NEW YORK NY 10016						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
			То		orated or Qualified	06/27/1969
		Suite, Apt. #, etc.			5. FEI Number	
City & State City & State					59-1280550 Not Applicable	
	Country		puntry	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) Tale (a) Name of Officers Street Address of Each						
Title(s)	2 and/or Directors	Street Address of Each Officer and/or Director				
PT	WEST, WILLIAM 4 PARK AVENU		NUE	NEW YORK NY		
CEO	WEST, WILLIAM,	NUE	NEW YORK NY			
V	WEST, LANCE	NUE	NEW YORK NY			
EVP	WEST, JONATHAN 4 PARK AVEN		NUE	NEW YORK NY		
			1	00 11/06/	1008840 120114101	1720 3 **750.00
CL. TO						
	8. Name and Address of Current Re	egistered Agent	Name	9. Name and Ac	ddress of New Regist	·
	ORATION SERVICE COMPANY		Street Address (P.0	D. Box Number is	Not Acceptable)	0 (80)5
	HAYS STREET HASSEE FL 32301	Suite, Apt. #, Etc.				
	i					
10. I, being appointed the registered agent of the above named corporation, am familiar with and an				State Zip Code		
		named corporation, am tamiliai	r with and accept the oblig	gations of Sectior	n 607.0505, F.S. or 617	′.0505, F.S.
Signature of Registered Agent						
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 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.						
SIGNATI	URE: SIGNATURE AND TYPED OF PRINT	DI AME OF SIGNING OFFICER O	R DIRECTOR		10/29/0	2