PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 14 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 379853

1. Corporation Name
NEW YORK FINANCIAL INC.

2. Principal Office Address		3. Mailing Office Address	
1123 71st Street		1123 71st Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Beach		City & State: Miami Beach	
Zip: 33141	Country: USA	Zip: 33141	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/71

5. FEI Number: 59-1448341 ☐ 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: GOLDMAN, ARNOLD L.

Street Address (P.O. Box Number is Not Acceptable): 5255 COLLINS AVENUE

Suite, Apt. #, Etc.: APT 10D

City: MIAMI BEACH | State: FL | Zip Code: 33140

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***1058.75 ***1058.75

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: Arnold L. Goldman — REGISTERED AGENT MUST SIGN — Date: 9/13/01

CR2E061 (9/00)

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
SD	GOLDMAN, ARNOLD L.	5255 COLLINS AVE. #10D	MIAMI BEACH, FL 33140
PD	LEWIN, PEARL	4231 N WALNUT AVENUE	ARLINGTON HEIGHTS IL 60004

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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: Arnold L. Goldman — ARNOLD L. GOLDMAN — Date: 9/13/01 — Daytime Phone #: 305-866-7334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR