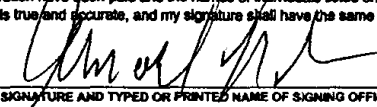


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2001		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 379853			
1. Corporation Name NEW YORK FINANCIAL INC.			
2. Principal Office Address 1123 71st Street Suite, Apt. #, etc.		3. Mailing Office Address 1123 71st Street 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	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status		Applied For ☐ Not Applicable	
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
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.			
Signature of Registered Agent 		Date 9/13/01	
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
SD	GOLDMAN, ARNOLD L.	5255 COLLINS AVE. #10D	MIAMI BEACH, FL 33140
PD	LEWIN, PEARL	4231 N WALNUT AVENUE	ARLINGTON HEIGHTS IL 60004
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: 		305-866 ARNOLD L. GOLDMAN, 9/13/01 7334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-01178