

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 821520

1. Corporation Name

A. H. Schreiber Co. Incorporated

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

460 W. 34th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Zip

Country

Zip

Country

10001

USA

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

6/4/1968

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DE

\$8.75 Additional Fee req
for a Certificate of St

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City Tallahassee

State FL **Zip Code** 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Janet Budhu, Asst. Vice President

Date

6/20/08

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
	See attached rider.		
			300132043153 07/01/08--01020--004 **7100.00

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 contained in Chapter 119, 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:

Elliot N. Schreiber, Director 6/23/08 (202) 564-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STATE OF FLORIDA
CORPORATION REINSTATEMENT

<u>Officer</u>	<u>Title</u>	<u>Address</u>
Joel M. Schreiber	President	c/o A. H. Schreiber Co. Incorporated, 460 W 34th Street, NY, NY 10001
David N. Schreiber	Vice President	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001
Seth H. Schreiber	Vice President	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001
Avram L. Schreiber	Vice President	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001
Elliot N. Schreiber	Secretary & Treasurer	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001

<u>Directors</u>	<u>Address</u>
Joel M. Schreiber	c/o A. H. Schreiber Co. Incorporated, 460 W 34th Street, NY, NY 10001
David N. Schreiber	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001
Seth H. Schreiber	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001
Avram L. Schreiber	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001
Elliot N. Schreiber	c/o A. H. Schreiber Co. Incorporated 460 W 34th Street, NY, NY 10001