

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


04 OCT -7 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/12/04--01038--002 **3775.00

REINSTATEMENT 72-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821530

1. Corporation Name
29-37 Main Street, White Plains, Coporation

2. Principal Office Address 20 Milestone Road Suite, Apt. #, etc. Rye Brook, NY City & State Attn: Carol Cohen Zip 10573		3. Mailing Office Address c/o Laurence W. Cohen Suite, Apt. #, etc. 375 Park Avenue City & State New York, NY Zip 10152	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 06/07/1988	
5. FEI Number 13-1738615	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Norman Platt

Street Address (P.O. Box Number is Not Acceptable)
Platt Realty & Management Corp.

Suite, Apt. #, Etc.
3864 Sheridan Street

City
Hollywood

State
FL

Zip Code
33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.0503, F.S.

Signature of Registered Agent Norman Platt Date 10/1/04

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
P/D	Carol G. Cohen	20 Milestone Road Rye Brook, NY	Rye Brook, NY 10573
V/D	Aaron S. Cohen	1237 Sedgewick Ave.	Westfield, NJ 07090
T/S/D	Laurence W. Cohen	57 Random Farms Circle	Chappaqua, NY 10514

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 807 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)(l), 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] Date 9/30/04 Daytime Phone # 212-751-2510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRS0203 (10/04)