

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 834974

1. Entity Name
REALM NATIONAL INSURANCE COMPANY



Principal Place of Business

125 MAIDEN LANE
NEW YORK, NY

Mailing Address

125 MAIDEN LANE
NEW YORK, NY

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252004

REIN-P

CR2E098 (6/04)

4. FEI Number

13-3625361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company

1201 HAYS STREET

TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia L. Harris

Cynthia L. Harris
as its agent

11/18/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
CRANE, STEPHEN A
480 PARK AVE.
NEW YORK, NY 10022

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vu, Christina
1816 George ST.
Ridgewood, NY 11385

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
GREEN, DANNY
7 JOHNNY COURT
RED BANK, NJ 07701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
ZINNERT, RONATA L
125 MAIDEN LANE, 5TH FLOOR
NEW YORK, NY 10038

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500042313825
10/29/04--01052--006 **750.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SIOMA, MARK S
171 E 84TH STREET, APT 21C
NEW YORK, NY 10028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04 (212) 269-6700 x103
Date Daytime Phone #

FILED
04 NOV 29 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04