

#179

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2008 AUG 21 PM 2:45

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0000000412

1. Corporation Name

215 AIRPORT PULLING ROAD, INC

8-22  
LJ

200134795532  
08/21/08--01023--005 \*\*458.75

2. Principal Office Address - No P O Box #

C/O URBAN AMERICA

Suite, Apt #, etc

30 BROAD ST, 31ST FLOOR

City & State

New York, NY

Zip

10004

Country

USA

3. Mailing Office Address

Suite, Apt #, etc

City & State

Zip

Country

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida 1/24/2002

5. FEI Number 58-2516337

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

Corporation Service Company

Street Address (P O Box Number is Not Acceptable)

1201 Hayes Street

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

*Georgia Byron*

Georgia Byron, Assistant VP

REGISTERED AGENT MUST SIGN

Date

6-25-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	THOMAS KENNEDY	30 BROAD ST, 31ST FLOOR	New York, NY 10004

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:

*ADL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/25/08*

Date

Daytime Phone #