PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 2008 OCT 20 AM 7: 52 CORPORATION Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** TALLAHASSEE, FLORIDA **DOCUMENT # F00000000816** 1. Corporation Name Darby Corporate Solutions, Inc. 000137353370 10/28/08--01012--004 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 300 Jericho Quadrangle 300 Jericho Quadrangle Sulte, Apt. #, etc. Suite, Apt, #, etc. Date Incorporated or Qualified To Do Business in Florida February 14, 2000 Suite 200 Suite 200 City & State City & State 5. FEI Number Applied For Jericho, NY Jericho, NY 11-3316153 Not Applicable ΖĮρ Country Country 6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status 11753 11753 Nassau Nassau 7. Name and Address of Current Registered Agent ✓ The reinstatement fee is imposed, except in United Corporate Services, Inc. circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 9200 South Dadeland Boulevard are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement Suite 508 fee be waived. City Zip Code Miami 33156 8. I, being appointed the register of search of the above happed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip CEO/ Carl Ashkin 300 Jericho Quadrangle Jericho, NY 11753 Jericho, NY 11753 S/D Laura Kahn 300 Jericho Quadrangle Ρ 300 Jericho Quadrangle Jericho, NY 11753 Michael Caputo Sheila Ashkin Т 800 Corporate Drive, #208 Ft. Lauderdale, FL 33334 ASS'T Justina Gordon 300 Jericho Quadrangle Jericho, NY 11753 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 817, 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 fee owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and my signature that have the same legal effect as if made under cath 10/17/08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPRICER OR DIRECTOR Daytime Phone #