

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005664

1. Corporation Name

THE FEEDROOM, INC.

Principal Place of Business

609 GREENWICH STREET, SUITE 4-C
NEW YORK NY 10014

Mailing Address

609 GREENWICH STREET, SUITE 4-C
NEW YORK NY 10014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

205 HUDSON STREET, FLOOR 8
NEW YORK, NY
10013 U.S.A.

3. New Mailing Office Address, If Applicable

205 HUDSON STREET, FLOOR 8
NEW YORK, NY
10013 U.S.A.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

10/10/2000

5. FEI Number

13-4078999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P, C	KLEIN, JONATHAN	142 WEST 76TH STREET, APT. 2	NEW YORK NY 10023
S	DIRECTOR, JONATHAN	488 MADISON AVENUE	NEW YORK NY 10022
D	LIBOWITZ, DAVID	466 LEXINGTON AVENUE, FL 10	NEW YORK, NY 10017
D	FRIEDMAN, CLIFFORD	575 LEXINGTON AVENUE, FL 10	NEW YORK, NY 10022
D	METZ, LLOYD	466 LEXINGTON AVENUE, FL 10	NEW YORK, NY 10017
D	LIANG, PETER	32 E. 64th STREET, #7E	NEW YORK, NY 10021
D	GOTTS, ROBERT	947 LINWOOD AVENUE	RIDGEWOOD, NJ 07450
VP	JOHNSON, CHARLES	22 SENIOR DR.	ERSTON, CT 06612
VP	PETER, BART	132 CLAREMONT ROAD	RIDGEWOOD, NJ 07450

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

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***150.00 ***150.00

11. 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Johnson

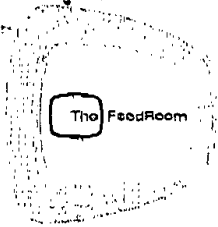
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NO. 644 P. 2

2 of 2



205 HUDSON STREET 8TH FLOOR NEW YORK NY 10013 T 212.219.0340 x880 F 212.925.6471

November 20, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We recently received notification that our business was revoked in the state of Florida because we did not file a Uniform Business Report for 2001. We never received this report in the mail, as our business address is different than the one you have listed. We would appreciate it if you could waive the reinstatement fee this one time.

Thank you,

Chuck Johnson
Chief Financial Officer
The Feedroom, Inc.

