

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F00000006650**

1. Corporation Name

KIP & TIFF CORP.

Principal Place of Business

**32 EAST 39TH STREET
NEW YORK NY 10016**

Mailing Address

**32 EAST 39TH STREET
NEW YORK NY 10016**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2000

5. FEI Number

13-3128060

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
PS	COLLIGAN, JAMES	159 WAMPHASSUL POINT ROAD	STONINGTON CT 06378
VT	HENDRY, TIFFANY	159 WAMPHASSUL POINT ROAD	STONINGTON CT 06378

**200004698522--0
-11/29/01--01057--013
****150.00 ****150.00**

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Maya M. Martinez
REGISTERED AGENT MUST SIGN

Date **10-24-01**

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)(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:

T. Hendry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 212 883-8300

CR2E040 (8/01)

**KIP AND TIFF CORP.
32 EAST 39TH STREET
NEW YORK NY 10016**

October 17, 2001

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314-6327

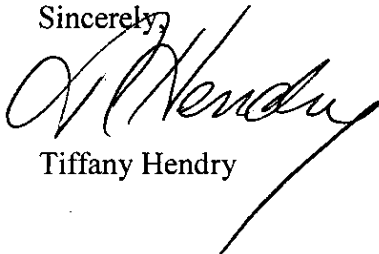
To Whom It May Concern:

Our company has no record of receiving of the 2001 corporation annual report form. In fact, we were under the impression that it would be sent to our registered agent (which we found out not to be true since the reinstatement form came here).

We respectfully request a waiver of the reinstatement fees for the reasons stated above.

Thank you very much for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Tiffany Hendry", with a long, sweeping underline that extends to the right.

Tiffany Hendry