

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 28 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000007160

1. Corporation Name

PLLK, INC.

Principal Place of Business

Mailing Address

1675 BROADWAY
C/O LEPERCO, INC.
NEW YORK BY 10019

1675 BROADWAY
C/O LEPERCO, INC.
NEW YORK BY 10019

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

2. New Principal Office Address, If Applicable

1675 BROADWAY, 16th FL.

3. New Mailing Office Address, If Applicable

1675 BROADWAY, 16th FLOOR

Suite, Apt. #, etc.

C/O LEPERCO / PETER HARTNEDY

Suite, Apt. #, etc.

C/O LEPERCO / PETER HARTNEDY

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10019

Country

USA

Zip

10019

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

5. FEI Number

13-3552134

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST DST	HARTNEDY, PETER	1675 BROADWAY	NEW YORK BY 10019
DP	LETACONNOUX, FRANCOIS	1675 BROADWAY	NEW YORK BY 10019
V	GRIFFIN, JAMES	1675 BROADWAY	NEW YORK BY 10019
			LS
			300004765663--9 -01/10/02--01084--009 ****150.00 ****150.00

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
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

Denise Maestre, Assistant Secretary

Date 12/21/2001

REGISTERED AGENT MUST SIGN

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

12/20/01 (212) 698-0762

Date

Daytime Phone #

CR2E040 (8/01)

2062



Lepercq, deNeuflize & Co.

Incorporated

1675 Broadway, New York, N.Y. 10019

December 20, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: PLLK, INC.

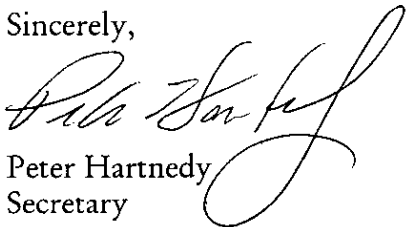
Dear Florida Department of State:

This letter is in response to the administrative dissolution or revocation of the above-referenced corporation in the State of Florida on September 21, 2001.

Following instructions from the Reinstatement Section of the Division of Corporations, we are submitting the Application for Reinstatement, filing fee of \$150.00 and this letter stating that we did not receive the previous uniform business report or any notices thereafter from the Department of State.

Should you have questions or need additional information, please do not hesitate to contact me at (212) 698-0762.

Sincerely,



Peter Hartnedy
Secretary