

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000885

1. Corporation Name

GFI MANAGEMENT SERVICES, INC.

700023405637
09/29/03--01101--002 **758.75

2. Principal Office Address

50 BROADWAY

3. Mailing Office Address

50 BROADWAY

Suite, Apt. #, etc.

4TH FLOOR

Suite, Apt. #, etc.

4TH FLOOR

City & State

NEW YORK, NEW YORK

City & State

NEW YORK, NEW YORK

Zip

10004

Country

USA

Zip

10004

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

13-3697176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

JERRY JOSEPH

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

100 GOLDEN ISLES DRIVE

Suite, Apt. #, Etc.

SUITE 1204

City

HALLANDALE BEACH

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date 09/25/2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	EDITH GROSS	50 BROADWAY, 4TH FLOOR	NEW YORK, NY 10004
COO	ALLAN ROTHSCHILD	50 BROADWAY, 4TH 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 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

ALLAN ROTHSCHILD - COO

09/25/2003

Date

212-837-4604

Daytime Phone #

Handwritten initials