FILED

Florida Department of State

Division of Corporations

Public Access System

2009 FEB -3 A 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000024432 3)))

H09000024432 3ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

MARTIN STUART, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75

Electronic Filing Menu Corporate Filing Menu Help

FILED

2009 FEB -3 A 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000002268

1. Corporation Name

MARTIN STUART, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4005 E 10TH CT.	1400 BROADWAY
Suite, Apt. #, etc. —	Suite, Apt. #, etc. SUITE 2101
City & State HIALEAH, FLORIDA	City & State NEW YORK, NY
Zip 33013 Country USA	Zip 10018 Country USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business In Florida 4/26/2001

5. FEI Number 13-4137549 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Ann J. Williams — ANN J. WILLIAMS, Assistant Vice President — Date: February 3, 2009

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,T,D	PAUL PALMERI	1400 BROADWAY SUITE 2101	NEW YORK, NY 10018
S,D	NICHOLAS DEMARCO	1400 BROADWAY SUITE 2101	NEW YORK, NY 10018
V,D	CHRISTOPHER HANSSENS	3420 BELL ATLANTIC TOWER 1717 ARCH ST	PHILADELPHIA, PA 19103
V,D	CHRISTIAN MILLER	3420 BELL ATLANTIC TOWER 1717 ARCH ST.	PHILADELPHIA, PA 19103

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: Paul Palmeri — Paul Palmeri, President — 2/2/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 01/06/2009 CT System Online

REINSTATEMENT
07-09
gs