PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 16 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002568

REINSTATEMENT 02-24

1. Corporation Name
W.A.F. Group, Inc.

2. Principal Office Address	3. Mailing Office Address
30-10 Review Avenue	P.O. Box 8749
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Long Island City, NY	City & State: Princeton, NJ
Zip: 10019 Country: USA	Zip: 08543-8749 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 14, 2001

5. FEI Number: 13-3883342 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for 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 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Barbara A Burke Date: 4-15-04

Barbara A. Burke, Spec. Asst. Secy. REGISTERED AGENT MUST SIGN

CR2E045 (1/2002)

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
P/D	Terry A. Sutter	30-10 Review Avenue	Long Island City, NY 10019
Secy.	N. Cornell Boggs, III	30-10 Review Avenue	Long Island City, NY 10019
Treas.	Martina Hund-Mejean	30-10 Review Avenue	Long Island City, NY 10019

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: Terry A Sutter Terry A. Sutter 4/15/04

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

FL018 - 1/01/2002 C T System Online

TOTAL P.02

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

W.A.F. GROUP, INC.

Certificate of Status	0
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