

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004675

1. Corporation Name

BLACK'S LAW PUBLISHING COMPANY, INC

Principal Place of Business

321 E 84TH STREET
NEW YORK NY 10028

Mailing Address

321 E 84TH STREET
NEW YORK NY 10028

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3805884

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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
PC	MARINO, EMILY	321 E 84TH STREET	NEW YORK NY 10028
DV	MARINO, JOSEPH	321 E 84TH STREET	NEW YORK NY 10028
T	GRUFFERMAN, LILLIAN	21 TRAFALGAR SQ.	VALLEY STREAM NY 11581

700008625767
10/28/02--01084--004 **750.00

8. Name and Address of Current Registered Agent

MARINO, EMILY
2505 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph Marino
REGISTERED AGENT MUST SIGN

Date

10-23-02

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:

Emily Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 212-249-3779