

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 MAR 26 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F03000001034

1. Corporation Name

THE ROSEN PUBLISHING GROUP

2. Principal Office Address - No P.O. Box #

29 East 21st St.

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10010

Country

USA

3. Mailing Office Address

29 East 21st St.

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 3, 2003

5. FEI Number

13-3129750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darryl Laird

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

1029 Zenith Way

Suite, Apt. #, Etc.

Weston

City

Weston

State

FL

Zip Code

33327

☒ 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

X 

REGISTERED AGENT MUST SIGN

Date 3/23/2007

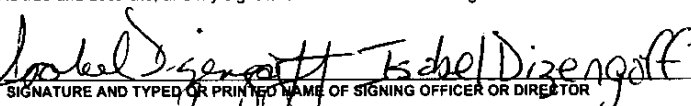
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Roger Rosen	29 East 21 st Street	New York, NY 10010
Vice President	Gina Strozzebosco-Han	29 East 21 st Street	New York, NY 10010
Sec'y	Ruth Rosen	29 East 21 st Street	New York, NY 10010
VP, Sales	Isabel Dizengoff	29 East 21 st Street	New York, NY 10010

70095917897
04/05/07-01056-019 **\$600.00

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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

800-237-9932

Daytime Phone #

3/29/07