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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000001686					
1. Corporation Name Ehrenkrantz Eckstut & Kuhn Architects, P.C.					
2. Principal Office Address 23 East Fourth Street			3. Mailing Office Address 23 East Fourth Street		
Suite, Apt. #, etc. 5th Floor			Suite, Apt. #, etc. 5th Floor		
City & State New York, NY			City & State New York, NY		
Zip 10003	Country USA	Zip 10003	Country USA		

REINSTATEMENT

04-06 RSC

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 4/4/2003	Applied For ☐ Not Applicable
5. FFL Number 132733062	
6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7-5-06**

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
PTD	Stanton Eckstut	14 Horatio St. NY 10014	NY, NY 10014
SD	James Greenberg	5 Breaker Rd	Princeton Jct. NJ 08550
VPD	Denis Kuhn	128 Hillcrest Ave.	Manhasset, NY 11030
D	Ming Wu	251 E 32nd St	NY, NY 10016
D	Peter Cavalluzzi	35 W 82 St	NY, NY 10024
D	Matt Bell	3619 Everett St. NW	Washington DC 20008

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:



James Greenberg, Secretary

Date **7/11/06** 212353-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

EHRENKRANTZ ECKSTUT & KUHN ARCHITECTS, P.C.

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