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JAN. 24. 2008 1:17PM C S C NO. 521 P. 2/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 24 AM 11:19

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000001295

1. Corporation Name

Plaza Payroll Processing Corp.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address: c/o Paul Hastings attn: Martin L. Edelman, Esq.
c/o Plaza Construction Corp.	
Suite, Apt. #, etc.: 260 Madison Avenue	Suite, Apt. #, etc.: 75 East 55th Street
City & State: New York, New York	City & State: New York, New York
Zip: 10016 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 9, 2004

5. FEI Number: 13-3378361 ☐ 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: Corporation Service Company

Street Address (P.O. Box Numbers Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: Martin M. Edelman Date: 1-24-08
REGISTERED AGENT MUST SIGN

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
C/D	Steven Fisher	299 Park Avenue	New York, NY 10017
P/D	Richard A. Wood	260 Madison Avenue	New York, NY 10016
V/D	Kenneth Fisher	299 Park Avenue	New York, NY 10017
D	Martin L. Edelman	75 East 55th Street	New York, NY 10022
W/T/ CFO	Michael Paese	260 Madison Avenue	New York, NY 10016

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: Martin L. Edelman, Director 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

PLAZA PAYROLL PROCESSING CORP.

Certificate of Status	0
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