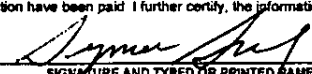


attachments from your system. Thank you.

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000001552			
1. Corporation Name SVIRSKY FAMILY MANAGEMENT CORP.			
2. Principal Office Address - No P.O. Box # 44 PENN BLVD.		3. Mailing Office Address 44 PENN BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SCARSDALE, NY		City & State SCARSDALE, NY	
Zip 10583	Country US	Zip 10583	Country US
4. Date incorporated or Qualified To Do Business in Florida 03/22/2004		5. FEI Number 13-4087659	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		900183901969 08/02/10--01051--019 **1508.75 REINSTATEMENT 05-10 <small>CH2007 10/10</small>	
Name JEFFREY C. SHANNON, ESQUIRE		\$8.75 Additional Fee required for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD.			
Suite, Apt. #, Etc. SUITE 1700			
City TAMPA	State FL	Zip Code 33602	
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		Date 7/29/10	
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
PCD	SVIRSKY, SEYMOUR	44 PENN BLVD.	SCARSDALE, NY 10583
D	SVIRSKY, GLORIA	44 PENN BLVD.	SCARSDALE, NY 10583
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>			
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. I further certify, 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: 		Date 7/29/10	Daytime Phone # 813-222-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEYMOUR SVIRSKY		Date	Daytime Phone #

8/300