2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# F05000005387

Entity Name: THE PROSKAUER ROSE DISASTER RECOVERY FUND INC.

Current Principal Place of Business:

1585 BROADWAY, ROOM 2462
NEW YORK, NY 100368299

New Principal Place of Business:

Current Mailing Address:

1585 BROADWAY, ROOM 2462
NEW YORK, NY 100368299

New Mailing Address:

FEI Number: 20-3435845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVITA, ROSE M
C/O PROSKAUER ROSE LLP
2255 GLADES RD., STE 340 WEST
BOCA RATON, FL 334317360 US

Name and Address of New Registered Agent:

BIDDISCOMBE, DANIEL P
C/O PROSKAUER ROSE LLP
2255 GLADES RD., STE 340 WEST
BOCA RATON, FL 334317360 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL P. BIDDISCOMBE 01/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: KAFIN, ROBERT J ESQ.
Address: 1585 BROADWAY, ROOM 2462
City-St-Zip: NEW YORK, NY 100368299

Title: DT ( ) Delete
Name: GURWITZ, ARTHUR T
Address: 1585 BROADWAY, ROOM 2462
City-St-Zip: NEW YORK, NY 100368299

Title: S ( ) Delete
Name: BARKEY, ANN L
Address: 1585 BROADWAY, ROOM 2462
City-St-Zip: NEW YORK, NY 100368299

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. KAFIN PRES 01/03/2008
Electronic Signature of Signing Officer or Director Date