

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004670

Entity Name: KNICKMAN ASSOCIATES, INC.

FILED  
Nov 08, 2007  
Secretary of State

**Current Principal Place of Business:**

111 CHERRY VALLEY AVENUE #910W  
GARDEN CITY, NY 115301570

**New Principal Place of Business:**

**Current Mailing Address:**

111 CHERRY VALLEY AVENUE #910W  
GARDEN CITY, NY 115301570

**New Mailing Address:**

FEI Number: 11-2854480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOENIGSBERG, JAY  
1200 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: JAY KOENIGSBERG

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KNICKMAN, ROBERT L  
Address: 111 CHERRY VALLEY AVENUE #910W  
City-St-Zip: GARDEN CITY, NY 115301570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KNICKMAN

P

11/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date