

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB -5 AM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2012-2014		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F06000007843

1. Corporation Name

Charles Samelson Inc.

2. Principal Office Address - No P.O. Box # 102 Madison Avenue Suite, Apt. #, etc. 5th Floor City & State New York, NY Zip 10016		Country USA		3. Mailing Office Address 102 Madison Avenue Suite, Apt. #, etc. 6th Floor City & State New York, NY Zip 10016		Country USA	
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
13-2784382

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$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 Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

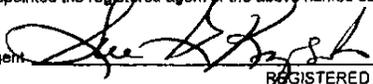
City
Tallahassee

State
FL

Zip Code
32301

100256409461

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  **Sue G. Knight**
Assistant Vice President

REGISTERED AGENT MUST SIGN

Date 02/05/2014

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
DP	Harry Samelson	RR 2 PO Box 3916	Pahoa, HI 96778
DV	Mark Teppel	52 Warren Road	Great Neck, NY 11023

10. E-mail Address: CFuentes@CSamelson.com
(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  **Carlos Fuentes** 2/5/14 212-686-6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

4 of 2

ACCOUNT NO. : I20000000195

REFERENCE : 992275 7951042

AUTHORIZATION

Spuddean

COST LIMIT : \$ 1058.75

ORDER DATE : February 5, 2014

ORDER TIME : 12:11 PM

ORDER NO. : 992275-005

CUSTOMER NO: 7951042

REINSTATEMENT

NAME: CHARLES SAMELSON, INC.

RECEIVED
2014 FEB -5 PM 1:51
TO: [unclear]
SURF SCIENCE / US FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____