PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT® 2. Principal Office Address - NO P O Box # 800 VILLAGE SQUARE CROSSING 43-20 34TH STREET Suite, Apt # etc	CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ary of State corporations		FILED MAR 25 PM 2: 16	
2. Principal Office Address - No P O Box # 800 VILLAGE SQUARE CROSSING 43-20 34TH STREET Suite, Apr # etc					SECRETARY OF STATE TALLAHASSEF, FLORES	
2. Principal Office Address No P O Box # 3. Maring Office Address # 4. Dox # 5. FEI Number 1000 Business in Florida 1/30/2007 Suite, Apt # etc					NSTATEMENT08-	
Surte, Apt 4, etc: Surte, Apt 4, etc: Surte, Apt 4, etc: Surte, Apt 4, etc: Surte, Apt 5, etc: Surte, Apt 5, etc: Surte, Apt 5, etc: Surte, Apt 6, etc: Surte, Apt 8, etc: City 4 State City 4 State LONG-ISLAND CITY-NY 135566581 Applied For 135566581 For Country 7. Name and Address of Current Registered Agent Name RICHARD SUSSMAN Street Address (P O Box Number is Not Acceptable) 3771 TOULOUSE DRIVE State Apt 8, Etc: City 4 State City 4 State The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting this reinstatement fee be waived. State Apt 8, Etc: City Balance City Balance Registered Agent REGISTERED AGENT MUST SIGN Name of Officer and/or Directors City I State / Zip Charles Subject Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Registered Agent REGISTERED AGENT MUST SIGN Name of Officers and/or Directors City I State / Zip Charles MONTEVERDI 300 MAMARONECK AVE #603 WHITE PLAINS, NY 10605 WHITE PLAINS, NY 10605 MARVIN ROBINSON 1140 AVENUE OF THE AMERICAS NEW YORK, NY 10036	W1-9224					
Suite, Apt # etc City & State PALM BEACH, FL City & State LONG SLAND CITY-NY Zip 33410 7. Name and Address of Current Registered Agent Name RICHARD SUSSMAN Street Address (P O Box Number is Not Acceptable) 3771 TOULOUSE DRIVE Suite, Apt & State City, PALM BEACH Elbering appointed the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the shown of the control of the registroad agent of the control of the registroad agent of the shown of the control of th	•	1 -				
City & State Country 2 Applied For Not Applicable State Country 33410 Country 2 Applied For Not Applicable State Country 33410 Country 11101 Country 6 CERTIFICATE OF STATUS DESIRED State State Country State Country C					porated or Qualified	
Country Zip 11101 Country Zip 11101 Country Countr	l '				er Applied For	
Name RICHARD SUSSMAN Street Address (P O Box Number is Not Acceptable) 3771 TOULOUSE DRIVE Suite. Apt. #. Etc. City. PALM BEACH 8. I being appointed the registract agent of the above named corporation, am familier with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officer and/or Directors 12 LAUREL HILL DRIVE PLEASANTVILLE, NY 10570 PLEASANTVILLE, NY 10570 PLEASANTVILLE, NY 10570	Zip Country	Zip	-,	6	58.75 Additional Fee required	
RICHARD SUSSMAN Street Address (P O Box Number is Not Acceptable) 3771 TOULOUSE DRIVE Suite. Apt. #. Etc City. PALM BEACH 8. Il being appointed the registared agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director's Officers and/or Director's City / State / Zip Code FL 33410. Date / 3/17/19/19/23/19/39/19/39/19/39/19/39/19/39/39/19/39/39/39/39/39/39/39/39/39/39/39/39/39	7. Name and Address of Current Registered Agent					
Street Address (P O Box Number is Not Acceptable) 3771 TOULOUSE DRIVE Suite. Apt. #. Etc. City. PALM BEACH ### I Design appointed the registry august of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503. F.S. Signature of Registered Agent Registrered Agent Registered Agent Registered Agent Officers and/or Directors Titles Officers and/or Directors Titles Officers and/or Directors TOUR SUITE SUIT				· ·		
PALM BEACH State Zip Code 33410 90011 70230 799 90011 702	3771 TOULOUSE DRIVE		n, v		the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
Registered Agent Registered Agent Ag						
Titles Officers and/or Directors Street Address of Each Officer and/or Director WHITE PLAINS, NY 10605 WHITE PLAINS, NY 10605 V MICHAEL PINKUS 12 LAUREL HILL DRIVE PLEASANTVILLE, NY 10570 MARVIN ROBINSON 1140 AVENUE OF THE AMERICAS NEW YORK, NY 10036	Signature of Registered Agent	m	<u>-</u>	oligations of secti	on 607.0505 or 617.0503, F.S. Date 3/17/16	
P CHARLES MONTEVERDI 300 MAMARONECK AVE #603 WHITE PLAINS, NY 10605 W MICHAEL PINKUS 12 LAUREL HILL DRIVE PLEASANTVILLE, NY 10570 MARVIN ROBINSON 1140 AVENUE OF THE AMERICAS NEW YORK, NY 10036	Titles Name of	/or Director (Florida nonpr	Street Address of Each		City / State / Zip	
S MARVIN ROBINSON 1140 AVENUE OF THE AMERICAS NEW YORK, NY 10036		VERDI 300 M			WHITE PLAINS, NY 10605	
	V MICHAEL PINKUS	12 L	12 LAUREL HILL DRIVE		PLEASANTVILLE, NY 10570	
0. E-mail Address: tdiresta@sussmancorp.com	S MARVIN ROBINSO	N 1140 A	1140 AVENUE OF THE AMERICAS		NEW YORK, NY 10036	
D. E-mail Address: tdiresta@sussmancorp.com				····		
0. E-mail Address: tdiresta@sussmancorp.com						
(To be used for future annual report notification)	^{0.} E-mail Address: tdiresta@					

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

Ustime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

made under oath.

SIGNATURE: 2