

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000002027		1. Corporation Name Rainforest Alliance, Incorporated	
2. Principal Office Address 665 Broadway		3. Mailing Office Address 665 Broadway	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500	
City & State New York, NY		City & State New York, NY	
Zip 10012	Country USA	Zip 10012	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 04/26/1993		5. FEI Number 13-3377893	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent		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.	
Name Gilbert, Richard		Signature of Registered Agent <i>Richard Gilbert</i>	
Street Address (P.O. Box Number is Not Acceptable) 1045 92nd Street		Date 11/18/04	
Suite, Apt. #, Etc. 500042865275		11/18/04-01031--003 **236.25	
City Bay Harbor Islands		State FL	
		Zip Code 33154	
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
M	Whelan, Tensie	665 Broadway; Suite 500	New York, NY 10012
C	Katz, Daniel R.	262 Central Park West; #11C	New York, NY 10024
V	Abboud, Labeeb	19 West 69th St.; #1206	New York, NY 10023
T	Schulte, Peter M.	262 Central Park West; #11F	New York, NY 10024
S	Albuquerque, Helena	665 Broadway; Suite 500	New York, NY 10012
D	Hallman, Robert M.	80 Pine St.	New York, NY 10005
10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>Tensie Whelan</i>		Tensie Whelan 11/5/04 (212) 677-1900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

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