

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002445

1. Corporation Name

AFFIRMATIVE DEVELOPMENT CORPORATION

2. Principal Office Address

120 WOODSTER STREET

Suite, Apt. #, etc.

3. Mailing Office Address

402 GATUN AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK NY

City & State

ORLANDO FL

Zip

10012

Country

USA

Zip

32806

Country

USA

REINSTATEMENT

02-03

300023119645
09/17/03--01004--003 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-3112980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL C JUBELT

Street Address (P.O. Box Number is Not Acceptable)

402 GATUN AVENUE

Suite, Apt. #, Etc.

City

ORLANDO, FL 32806

State

FL

Zip Code

32806

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

Paul C Jubelt

REGISTERED AGENT MUST SIGN

Date

8-8-03

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
PRES	ANDREW D JUBELT	120 WOODSTER ST, NEW YORK NY 10012	NEW YORK NY 10012
VP	ADAMS NICKORSON	120 WOODSTER ST	NEW YORK NY 10012
CFO	JOHN J. HRADIAN	120 WOODSTER ST	NEW YORK NY 10012

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HRADIAN

9/5/03

Date

212-925-9600

Daytime Phone #

CR2E081 (10/02)