

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

97 DEC 26 PM 1:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000002039

1. Corporation Name

N.A.E., INC.

Principal Place of Business

Mailing Address

C/O NEW YORK ISLANDERS HOCKEY CLUB L.P.
 NASSAU VETERANS MEMORIAL COLISEUM
 UNIONDALE NY 11553

C/O NEW YORK ISLANDERS HOCKEY CLUB L.P.
 NASSAU VETERANS MEMORIAL COLISEUM
 UNIONDALE NY 11553



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1768 SOUTH OCEAN BLVD
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1768 SOUTH OCEAN BLVD
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

04/20/1994

5. FEI Number

11-2469976

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

City & State **Palm Beach, Florida**

Zip **33480** Country **USA**

City & State **Palm Beach, Florida**

Zip **33480** Country **USA**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PICKETT, JOHN O JR.	NASSAU VETERANS MEMORIAL COLISEUM 1768 SOUTH OCEAN BLVD	UNIONDALE NY PALM BEACH, FL 33480
VPD	ONEILL, WILLIAM M	NASSAU VETERANS MEMORIAL COLISEUM	UNIONDALE NY
D	WIMPEY, JOHN H	NASSAU VETERANS MEMORIAL COLISEUM	UNIONDALE NY
VPD	MCCARTHY, ARTHUR J	NASSAU VETERANS MEMORIAL COLISEUM	UNIONDALE NY
VPD VPS	LEONARD, CRAIGH	885 THIRD AVENUE	NEW YORK NY
VPD VPT	PICKETT, BARRETT N	885 THIRD AVENUE	NEW YORK NY

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address, Box Number, P.O. Box, etc.

Suite, Apt. #, Etc.

City

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80000238-4872-2697

12/29/97-0113-013

*****802.50 FL ***802.50**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Connie Bryan**

REGISTERED AGENT MUST SIGN

Date **12/26/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/97 212 207-1895

CR2E040 (8/97)