

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -8 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003084**

**1. Corporation Name**

Edera Inc.

**2. Principal Office Address**

650 Fifth Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10019

Country

USA

**3. Mailing Office Address**

650 Fifth Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10019

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

June 26, 1995

**5. FEI Number**

13-3560467

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

**7. Name and Address of Current Registered Agent**

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State

FL

Zip Code

32301

**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

*Carla Lohi*

**Carla Lohi  
Asst. Vice President**

Date

3-8-04

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	Street Address of Each Officer and/or Director	City / State / Zip
	See Attachment A		
			900030044149

**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:

*Robert Wichser*

Robert Wichser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

212-586-9140

Daytime Phone #

CR2003 (10/02)

**Florida Corporate Reinstatement – Edera Inc.**

**Attachment A to Item 9**

<b><u>Title</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>
Director	Alfredo Andreoli	650 Fifth Avenue New York, NY 10019
Director	Robert J. Wichser	650 Fifth Avenue New York, NY 10019
Robert J. Wichser	President and Chief Executive Officer	650 Fifth Avenue New York, NY 10019
Martin Weinberg	Executive Vice President, Chief Administrative Officer, Chief Financial Officer and Treasurer	650 Fifth Avenue New York, NY 10019
Kathleen Shank- Barry	Vice President, Controller and Assistant Treasurer	650 Fifth Avenue New York, NY 10019
Philip R. Forlenza	Secretary	1133 Avenue of the Americas New York, New York 10036
Jeffrey E. LaGueux	Assistant Secretary	1133 Avenue of the Americas New York, New York 10036