

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004297

1. Corporation Name

RE ASSOCIATES INC.

Principal Place of Business

445 PARK AVE
14TH FLOOR
NEW YORK NY 10022

Mailing Address

445 PARK AVE
14TH FLOOR
NEW YORK NY 10022

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1995

5. FEI Number

13-3207729

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCDT	RE, ELAINE	607 BEACHWALK CIRCLE, APT 102	NAPLES FL
VSD	RE, THOMAS C	445 PARK AVENUE	NEW YORK NY

900024014709
10/22/03--01055--013 **150.00

8. Name and Address of Current Registered Agent

RE, ELAINE F PHD
607 BEACHWALK CIRCLE
K-102
NAPLES FL 34108-8729

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

CR2040 (7/03)

Tannen, Reeber & Associates, Inc.

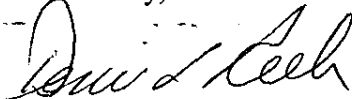
October 20, 2003

RE: Re Associates, Inc.
445 Park Avenue
14th Floor
New York, NY 10022
F95000004297
#13-3207729

Department of State:

I have been asked to respond to the administrative dissolution of the above named corporation. Taxpayer never received the original annual renewal and therefore enclosed is a check for \$150.00. Please re-instate the corporation immediately.
If you have any questions, please call.
Thanking you in advance.

Sincerely,



Dennis L. Reeber