

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 NOV -8 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005813

1. Corporation Name

Vida Publishers, Inc.

REINSTATEMENT

2. Principal Office Address
7500 NW 25th Street

3. Mailing Office Address
7500 NW 25th Street

Suite, Apt. #, etc.
Suite 239

Suite, Apt. #, etc.
Suite 239

City & State
Miami, FL

City & State
Miami, FL

Zip
33122

Country
USA

Zip
33122

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/30/95

5. FEI Number
13-3857263

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

300081723933
11/14/06-01073-011 **1058.75

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

[Signature]

Janet Budhu, Asst. Vice President

Date 10/27/06

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
D/V/T	Glenn D'Agnes	10 East 53rd Street	New York, NY 10022
D/V	Esteban Fernandez	10 East 53rd Street	New York, NY 10022
D/P	Bruce Ryskamp	10 East 53rd Street	New York, NY 10022
D/V/AT	James Schreiber	10 East 53rd Street	New York, NY 10022
V/S	Christopher Goff	10 East 53rd Street	New York, NY 10022
AS	Michelle Francis	1211 Avenue of the Americas	New York, NY 10036

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 contained in Chapter 119, 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]

Michelle Francis, Asst. Secretary

October 24, 2006

212-852-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #