

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra D. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003916

1. Corporation Name

D.S. WOLF ASSOCIATES, INC.

FILED
98 MAY 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
510 FIFTH AVENUE 330 MADISON AVE 510 FIFTH AVENUE 330 MADISON AVE
NEW YORK NY 10036 New York NY NEW YORK NY 10036 New York NY
10017-5001 10017-5001

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/01/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		11-2888754	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PCD	WOLF, DAVID A	510 FIFTH AVENUE 330 MADISON AVE	NEW YORK NY 10036 New York NY, 10017-5001
DSTV	WOLF, SUSAN	510 FIFTH AVENUE 330 MADISON AVE	NEW YORK NY 10036 New York NY, 10017-5001
			800002526348--6 -05/15/98--01120--021 ****750.00 ****750.00
			800002526348--6 -05/15/98--01120--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

850-222 9171

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.

Signature of Registered Agent

Deborah W. Skipper as agent

Date 5-15-98

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date 4/28/98 Daytime Phone #

CR2040 (09/97)