

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 22 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **96000005742**

1. Corporation Name

Chapdelaine Corporate Brokers, Inc.

REINSTATEMENT

01-02

2. Principal Office Address

One Seaport Plaza

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10038

Country

3. Mailing Office Address

One Seaport Plaza

Suite, Apt. #, etc.

17th Floor

City & State

New York, NY

Zip

10038

Country

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

11/5/96

5. FEI Number

13-3448902

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Jonathan R. Giddings
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

April 12, 2002

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
Chairman, President,	Richard F. Chapdelaine	One Seaport Plaza	New York, NY 10038
Director	Michael E. Walsh	One Seaport Plaza	New York, NY 10038
Secretary	Agnes Bailey	One Seaport Plaza	New York, NY 10038

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)(f), 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:

R. F. Chapdelaine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard F. Chapdelaine, Director

Date

4-11-02

Daytime Phone #