

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001194

1. Corporation Name

BLUESTONE CAPITAL MANAGEMENT, INC.

2. Principal Office Address

575 5th Ave.

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10017

Country

New York

3. Mailing Office Address

575 5th Ave.

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10017

Country

New York

REINSTATEMENT

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

3/7/97

SP

5. FEI Number

13-3757210

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

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

Kamal R. Mustafa

Date

2/28/2000

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/Chmn	Kamal Mustafa	575 5th Ave.	New York, NY 10017
D/Pres	Kerry J. Dukes	575 5th Ave.	New York, NY 10017
D/S&T	Matthew Castagna	575 5th Ave.	New York, NY 10017

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

212-850-0500

Daytime Phone #

CR2E081 (9/99)

F97000001194



ACCOUNT NO. : 072100000032

REFERENCE : 602788 4302355

AUTHORIZATION : *Patricia Piguet*

COST LIMIT : \$ 908.75

ORDER DATE : February 25, 2000

ORDER TIME : 11:21 AM

ORDER NO. : 602788-005

CUSTOMER NO: 4302355

CUSTOMER: Mr. Ralph D. Mosley, Jr.
Blank Rome Tenzer Greenblatt
15th Floor
405 Lexington Avenue
New York, NY 10174

DOMESTIC FILINGS

NAME: BLUESTONE CAPITAL MANAGEMENT,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
00 FEB 28 PM 12:11
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA