# APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### DOCUMENT # F9700002603

1. Corporation Name

#### BUSINESS LOAN CENTER, INC.

Principal Place of Business

645 MADISON AVENUE 18TH FLOOR

NEW YORK NY 10023

U\$

Mailing Address

645 MADISON AVENUE 18TH FLOOR

NEW YORK NY 10023

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	
Suite Apt. #. etc.	Suite, Apt. #, etc.	

City & State City & State

Zip Country Zip Country

## FILED

00 NOV -3 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 05/15/1997

5. FEI Number Applied For Not Applied be Not Applied For Not Applied be Not Applied For Not Applied Fo

6.
CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

•			for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	/or Director (Florida nonprofit corporations must list at leas	at 3 directors)
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director	City / State / Zip
CEO	TANNENHAUSER, ROBERT F	645 MADISON AVENUE, 18TH FLO	OR NEW YORK NY 10022
T	GOLDSTEIN, JENNIFER	645 MADISON AVENUE, 18TH FLO	OR NEW YORK NY 10022
S	REDLENER, DAVID	645 MADISON AVENUE, 18TH FLO	OR NEW YORK NY 10022
·P	LEONARD, RUDOLPH	645 MADISON AVE 19TH FL	NEW YORK NY 10022
			400003463424- <b>L\$</b> 3
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

UNITED CORPORATE SERVICES, INC.

9200 SOUTH DADELAND BLVD.

REGISTERED AGENT MUST SIGN

11/1/0

9. Name and Address of New Registered Agent

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

SUITE 508 MIAMI FL 33156



10/28/06

Date

Daytime Phone #