

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -1 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **F98000005556**

1. Corporation Name

IPI Skyscraper Mortgage Corporation

2. Principal Office Address

120 W. 45th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

New York, NY, 10036

City & State

Zip

10036

Country

New York

REINSTATEMENT

00-01

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

5. FEI Number

13-3603628

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

BlumbergExcelsior Corporate Services, Inc.

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

4435 Old Winter Garden Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

700004275687-7

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****900.00 ****900.00

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]
Marc D. M...

REGISTERED AGENT MUST SIGN

Date

4/27/01

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

see attached rider

LS

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

Date

Daytime Phone #

CR2E081 (9/00)

202

| <u>Name</u> | <u>Position(s)</u> | <u>Business Address</u> |
|---------------|--------------------------------|--------------------------------------|
| Neil Bader | CEO, Secretary, Director | 120 W. 45th St., New York, NY, 10036 |
| Marc Schwaber | President, Treasurer, Director | 120 W. 45th St., New York, NY 10036 |
| Doug Naidus | Director (chair) | 120 W. 45th St., New York, NY 10036 |
| Mark Pappas | Director | 120 W. 45th St., New York, NY 10036 |