

# F99000002619

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

100002882261--6

-05/21/99--01055--001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Norman Reitman Company, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

05/21/99

APR 21 1999  
RECEIVED  
99 MAY 21 AM 10:48  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

FILED  
99 MAY 21 PM 12:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. NORMAN REITMAN COMPANY, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK  
(State or country under the law of which it is incorporated)
3. 13-2990716  
(FEI number, if applicable)
4. June 4, 1979  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A upon qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 415 MADISON AVENUE  
NEW YORK, NEW YORK 10017

To engage in any lawful act or activity for which corporations may be organized under Florida statutes.

8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(Zip)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Jonathan R. Giddings  
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman:

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Andrew Klivan

Address: 415 Madison Avenue  
New York, New York 10017

Director: Saul Greenfield

Address: 415 Madison Avenue  
New York, New York 10017

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Andrew Klivan

Address: 415 Madison Avenue  
New York, New York 10017

Executive - Vice President: Saul Greenfield

Address: 415 Madison Avenue  
New York, New York 10017

Vice President: Ronald Greenfield  
415 Madison Avenue, NY, NY 10017

Secretary: Saul Greenfield

Address: 415 Madison Avenue  
New York, New York 10017

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Saul Greenfield*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Saul Greenfield, Executive V.P.  
(Typed or printed name and capacity of person signing application)

**FILED**  
99 MAY 21 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York } ss:  
Department of State**

I hereby certify, that the certificate of incorporation of NORMAN REITMAN COMPANY, INC. was filed on 06/04/1979, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of May  
one thousand nine hundred and  
ninety-nine.*



*Special Deputy Secretary of State*



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**FILED**  
99 MAY 21 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA