CORPORATION REINSTATEMENT

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

FILED
00 OCT 20 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F99000002619

1. Corporation Name

NORMAN REITMAN COMPANY, INC.

REINSTATEMENT 00

2. Principal Office Address	3. Mailing Office Address
415 Madison Avenue	415 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10017 Country: USA	Zip: 10017 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/21/99 #F99000002619

5. FEI Number: 13-2990716 ☐ 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

100003449251--1
-11/02/00--01085--025
****750.00 ****750.00

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 10/20/2000
REGISTERED AGENT MUST SIGN

CR2E061 (5/98)

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
P/D	Andrew Klivan	415 Madison Avenue	New York, NY 10017
EXV /S/D	Saul Greenfield	415 Madison Ave	New York NY 10017
V	Ronald Greenfield	415 Madison Ave	New York, N Y 10017
		100003449251--1	-11/02/00--01085--026
		******8.75	******8.75

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: Ronald Greenfield 212-751-8080 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #