PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith 自用 Secretary of State **DIVISION OF CORPORATIONS** 02 DEC -9 AM 9: 08 F99000004607 DOCUMENT # SECRETARY OF STATE TALLAPASSEE, FLOT DA 1. Corporation Name CF FORMS, INC. Principal Place of Business Mailing Address 111 EIGHTH AVE 111 EIGHTH AVE SUITE 1500-1502 SUITE 1500-1502 NEW YORK NY 10011 **NEW YORK NY 10011** If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 08/30/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. -Wardst Suite 701 W 23 rd 5. FEI Number 119 Saite 701 Applied For City & State 22-3412308 Not Applicable 6. \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 10011 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director CP KRASNER, DONALD 15411 FISHER ISLAND DR FISHER ISLAND FL 33109 <u>500009417035</u> 12/09/02--01046--001 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KRASNER, DONALD Street Address (P.O. Box Number is Not Acceptable) 15411 FISHER ISLAND DR FISHER ISLAND FL 33109 Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

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: ASIGNAL

IGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-02

te Daytime Phone #

CR2E040 (8/02)

SAMARRO, MORROW AND ASSOCIATES

Certified Public Accountants

225 Franklin Avenue Midland Park, New Jersey 07432 (201) 652-6363 • FAX (201) 652-0084

Frank J. Samarro, CPA Robert H. Morrow, CPA

MEMBERS OF *
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

NEW JERSEY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

October 31, 2002

Division of Corporations
Annual Report
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: CF Forms, Inc. 22-3412308

We are in receipt of your notice of Administrative Dissolution or Revocation for the referenced company (copy enclosed). Please be advised that CF Forms, Inc. moved their offices to 119 W. 23rd St, Suite 701, New York, N.Y. 10011. The company did not receive any forms or notices (1st or 2nd) for the 2002 Uniform Business Report. Most likely these reports were not forwarded to the companies new address. There was some difficulty with mail coming into N.Y especially around the 09/11 terriorist attack and there after. After talking to a representative in your office, we were advised to state these facts and submit the normal filing fee of \$150.00 and that the re-instatement fees and procedures would not apply. Your consideration as to this situation is greatly appreciated. We have also enclosed a marked up Uniform Business Report to be used for the year 2002.

Sincerely,

Robert H. Morrow

Certified Public Accountant

cc: DK