

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 22 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005113

1. Corporation Name

GRP Financial Services Corp.

2. Principal Office Address

360 HAMILTON AVENUE

Suite, Apt. #, etc.

5th FLOOR

City & State

White Plains, NY

Zip

10601

Country

USA

3. Mailing Office Address

360 HAMILTON AVENUE

Suite, Apt. #, etc.

5th FLOOR

City & State

White Plains, NY

Zip

10601

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/99

5. FEI Number

134074973

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

National Corporate Research, LTD. Inc.

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

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

IDA BORDUOT, ASST SECY

Date

4/20/04

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 | NATALIE Bowden | 360 HAMILTON Ave 5 th FLOOR | White Plains / NY 10601 |
| V | Joanne Dinardi | Same as above | Same as above |
| V | Andrew Waldman | Same as above | Same as above |
| V | Zev Kops | Same as above | Same as above |
| S | Kristin Tess | Same as above | Same as above |
| V | DAVID Roberts | Same as above | Same as above |

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 #

914397 7500

CR2E081 (01/04)