

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -3 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/30/00--01095--023  
\*\*\*\*750.00 \*\*\*\*750.00



DOCUMENT # **F99000005971**

1. Corporation Name

**ARISTA MARKETING ASSOCIATES, INC.**

Principal Place of Business

67 WALNUT AVENUE  
CLARK NJ 07066

Mailing Address

67 WALNUT AVENUE  
CLARK NJ 07066

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1999

5. FEI Number

22-3604353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	NELSON, WAYNE K	41 MADISON AVENUE, 31ST FLOOR	NEW YORK NY 10010
P	CURCURA, PHILIP J	41 MADISON AVENUE, 31ST FLOOR	NEW YORK NY 10010
VST	LAW-GISIKO, PETER	41 MADISON AVENUE, 31ST FLOOR	NEW YORK NY 10010
DAS	MOORE, THOMAS A	41 MADISON AVENUE, 31ST FLOOR	NEW YORK NY 10010
V	NABIAL, JOHN	41 MADISON AVENUE, 31ST FLOOR	NEW YORK NY 10010
ACON	HEMLEY, ROBERT	41 MADISON AVENUE, 31ST FLOOR	NEW YORK NY 10010

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

*Robert Hemley*  
REGISTERED AGENT MUST SIGN

Date

10/31/00

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:

*Robert Hemley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT HEMLEY

Date

10 - 00

(212)

448-6620  
Daytime Phone #