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 OCT 19 PM 2:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F99000006225

1. Corporation Name

DOMINICA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
460 WEST 34TH STREET. 12TH FLOOR NEW YORK NY 10001	460 WEST 34TH STREET. 12TH FLOOR NEW YORK NY 10001

REINSTATEMENT 60

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/02/1999

5. FEI Number: 13-3979959 ☐ 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
PD	SIMON, NEAL S	460 WEST 34TH STREET, 12TH FLOOR	NEW YORK NY 10001
VSD	ROSS, WARREN	460 WEST 34TH STREET, 12TH FLOOR	NEW YORK NY 10001
T	ST. JAMES, JOHN T	460 WEST 34TH STREET, 12TH FLOOR	NEW YORK NY 10001
CD	~~ROSS, ROBERT DR.~~ TIMOTHY FOSTER	460 WEST 34TH STREET, 12TH FLOOR	NEW YORK NY 10001
			400003434414---9 -10/23/00--01008--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 400003434416---2
-10/23/00--01008--016

Suite, Apt. #, Etc. ******8.75 ******8.75

City | State: FL | Zip Code

CR2E040 (8/00)

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: SIGNATURE CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 10/19/2000

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: SIGNATURE REQUIRED 10/12/00 (212) 279-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

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