PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC -5 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # K71518

1. Corporation Name

Gestetner Regional Services, Inc.

2. Principal Office Address		3. Mailing Office Address	
c/o McLaughlin & Stern, LLP		260 Madison Avenue	
Suite, Apt. #, etc. 260 Madison Ave. 18th Floor		Suite, Apt. #, etc. 18th Floor	
City & State New York		City & State New York	
Zip 10016	Country USA	Zip 10016	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/7/89

5. FEI Number 06-1288136 ☐ 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: NRAI Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue

REINSTATEMENT 97-01

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 By: [signature] Amy Sherman, Asst. Sec'y Date 12/3/01

REGISTERED AGENT MUST SIGN

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
Director & President	Frederick R. Ballen	c/o McLaughlin & Stern, LLP 260 Madison Avenue, 18th Floor	New York, New York 10016
Director & Secretary	David W. Sass	c/o McLaughlin & Stern, LLP 260 Madison Avenue, 18th Floor	New York, New York 10016

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: Frederick R. Ballen Frederick R. Ballen, President 212-448-1100

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