

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 152

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -2 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

The J. T. Butwin Corporation

K86004

2. Principal Office Address

2424 North Federal Highway

3. Mailing Office Address

787 7th Avenue

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

49th Floor

City & State

Boca Raton, FL

City & State

New York, NY

Zip

33431

Country

USA

Zip

10019

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/89

5. FEI Number

11-2799062

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

Corporation Service Company

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

1201 Hays 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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

10/2/01

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
See Attachment			
		REINSTATEMENT 00-01	
			mw

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:

Douglas W. Hammond, VP

10/1/01

212/301-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pg 282

Titles	Name	Street Address	City/State/Zip
P/D	Jerome Butwin	2424 North Federal Highway, #300	Boca Raton, FL 33431
T	Elizabeth Butwin Mann	2424 North Federal Highway, #300	Boca Raton, FL 33431
VP/D	Suzanne Bell	2424 North Federal Highway, #300	Boca Raton, FL 33431
S	Francine Butwin	2424 North Federal Highway, #300	Boca Raton, FL 33431
VP/D	Ross Campbell	787 7 th Avenue, 49 th Floor	New York, NY 1019
VP/AS	Douglas W. Hammond	787 7 th Avenue, 49 th Floor	New York, NY 1019
AS	Miriam Katz	787 7 th Avenue, 49 th Floor	New York, NY 1019



ACCOUNT NO. : 072100000032

REFERENCE : 630452 7197172

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 25, 2001

ORDER TIME : 1:15 PM

ORDER NO. : 630452-005

CUSTOMER NO: 7197172

CUSTOMER: Ms. Renee Noack
National Financial Partners
787 7th Avenue
49th Floor
New York, NY 10019

DOMESTIC FILINGS

NAME: THE J.T. BUTWIN CORPORATION

FILE-FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 OCT -2 PM 2:35

RECEIVED