

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -7 PM 12:30

DOCUMENT # L10806

1. Corporation Name

NMG, Inc.

REINSTATEMENT 99-9

2. Principal Office Address

6800 Benjamin Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

3. Mailing Office Address

6800 Benjamin Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/23/1989

5. FEI Number

59-2963730

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

Jeffrey L. Goldberg

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

837 Seddon Cove Way

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33602

200004314772-5
-05/24/01--01036-007
***1058.75 ***1058.75

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

Jeffrey L. Goldberg

Date May 2, 2001

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
C	Friedman, Harold	7 Gracie Square	New York, NY 10028
S	Horowitz, Ingrid	3 Whipcorwill Road	Armonk, NY 10504

5/5/22

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:

Ingrid Horowitz

5/1/01

(813) 884-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #