•	F	PLEASE READ	ALL INST	RUCTI	ONS BEFORE (COMPLETI	NG T	HIS FOR	М. –		
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			04 APR 14 AM 9: 18 SECULTARITY OF THE TALLAHASSEE, FLORIDA					
DOCUMENT # L36371 1. Corporation Name Corwell-Properties, Inc.							DD 1 26/04-	0339 01071-	782 -006	41 **1658.75	
2. Principal Office Address C/o Owen J. Flanagan & Co. Suite, Apt. #, etc. 60 East 42nd Street City & State 3. Mailing O C/o Owe 60 East 60 East City & State				en J. F etc. 42nd	lanagan & Co.	4. Date Incorporated or Qualified To Do Business in Florida 12/14/1989 5. FEI Number Applied For					
New York, NY Zip Country 10165 USA			Zip 10165				13-3551639 Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
	Street Add Suite, Apt.	RAWG CORP. ress (P.O. Box Number is I #, Etc. Suite 200 ca Raton	Int Acceptable)		ddress of Current Registe	red Agent	State FL	Zip Code 33431			
8. I, being Signature o Registered	of	Larry Con	egistered Ag		amiliar with and accept the o	obligations of sections		05 or 617.0503 		· · · · · · · · · · · · · · · · · · ·	
9. Names	and Street A	ddresses of Each Officer ar	nd/or Director (Flo	orida nonpro	fit corporations must list at l	east 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
P	John L. Corcoran			297 Cordial Road			Yorktown Heights, NY 10598				
S	Kevin C.	Sunkel		3671 Sunnyside Street			Shrub Oak, NY 10588				
D	Henry F. Wood, Jr.				14 Crescent Place			Short Hills, NJ 07078			
D	Caroline Wood			14 Crescent Place			Short Hills, NJ 07078				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

John L. Corcoran, President

(212) 682-2783

Daytime Phone #