

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 24 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L64185**

1. Corporation Name

WEBER RBB, INC.

2. Principal Office Address
136 MADISON AVE.

3. Mailing Office Address
THE SAME

Suite, Apt. #, etc.
6TH FL. TAX DEPT.

Suite, Apt. #, etc.

City & State
NEW YORK, NY

City & State

Zip
10016

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **4-06-1990**

5. FEI Number
65-0197545

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

John H. Pelletier
REGISTERED AGENT MUST SIGN

Date **10/17/03**

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 Officers and/or Director	City/State/Zip
T	STEVEN BERNS	1270 AVENUE OF AMERICAS	NEW YORK, NY 10020
S	NICHOLAS J. CAMERA	1271 AVENUE OF AMERICAS	NEW YORK, NY 10020
V	ARTHUR M. MASON	1270 AVENUE OF AMERICAS	NEW YORK, NY 10020

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: *Arthur M. Mason* **ARTHUR M. MASON - VICE PRESIDENT 10/13/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #