

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

03 FEB -4 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-03

600010403486
01/21/03--01109--006 **358.75

REINSTATEMENT

DOCUMENT # SC - 06355

1. Corporation Name

HEARST for the Blue, Inc.

N 95 000 00378

2. Principal Office Address

2112 NOSTRAND AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2112 NOSTRAND AVE

Suite, Apt. #, etc.

City & State

BROOKLYN, NEW YORK

City & State

BROOKLYN, NY

Zip

11229

Country

U.S.

Zip

11229

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-216-4446

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

MORTON ZEMEL, ESQ.

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

4700 JENKINS ST. SUITE B

Suite, Apt. #, Etc.

SUITE B

City

HOLLYWOOD, FLORIDA

State
FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

JAN 7, 2003

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
0	ABRAM DRESSEN	1675 EAST 21 ST #2-A	BKLYN, NY 11210
0	BENJAMIN FRANK	1542 41 ST ST.	BKLYN, NY 11218
0	RIVOL. MOSEI	1668 W. 6 TH ST.	BKLYN, NY 11223
0	STEVEN TOIV	3422 31 ST AVE L	BKLYN NY 11225
0			

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:

STEVEN TOIV

STEVEN TOIV

12-31-02 718-252-1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)