

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01/02
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 25 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019023

1. Corporation Name

OPAL MAGAZINE.COM INCORPORATED

2. Principal Office Address

10 EAST 38TH ST

Suite, Apt. #, etc.

4TH FLOOR

City & State

NEW YORK NY

Zip

10016

Country

NEW YORK

3. Mailing Office Address

10 EAST 38TH ST

Suite, Apt. #, etc.

4TH FL

City & State

NEW YORK NY

Zip

NY

Country

NEW YORK

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/00

5. FEI Number

65-0989377

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

WELLINGTON, ABRAHAM

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

16550 SENTERRA DR

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33484

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

Date

10/03/02

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
D	WELLINGTON, ABRAHAM	10 E 38TH ST	NEW YORK NY 10016
D	BLAKE, LISSA	10 E 38TH ST	NEW YORK, NY 10016

10/03/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/02

Daytime Phone #

CR2E081 (8/01)

Jack Kane & Company, P.C.

*Certified Public Accountants
70 West 40th Street, New York, N.Y. 10018
Telephone: 212-944-7733
Facsimile: 212-944-0576*

October 21, 2002

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Opalmagazine.com Incorporated – Corporation Reinstatement

Gentlemen:

Enclosed please find a check for \$308.75 required for Corporation Reinstatement and receipt of a Certificate of Status.

Please forward the Certificate of Status to the mailing address noted in Box 3. If you have any questions or require additional information please contact me at (212) 944-7733.

Very truly yours,


MAX EISKOVIC

ME:mk
Encl.
cc: A. Wellington