

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104893

1. Corporation Name

ROCKEFELLER PLAZA, INC.

2. Principal Office Address

3760 SHERIDAN AVENUE

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

US

3. Mailing Office Address

3760 SHERIDAN AVENUE

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

US

000015285950
REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2000

5. FEI Number

65-1053653

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

Richard L. Steinberg, Esq.

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

767 Arthur Godfrey Road

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code

33140-3413

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/24/03

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 Officer and/or Director	City / State / Zip
PD	STOBER, RACHEL	3760 SHERIDAN AVENUE	Miami Beach, FL 33140
SD	BRACH, FANNY	3760 SHERIDAN AVENUE	Miami Beach, FL 33140

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:

Fanny Brach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

305-389-3656

Daytime Phone #

CR2E081 (10/02)

3/24/4