

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000111630

1. Corporation Name

THE SISKIND GROUP, INC.

Principal Place of Business

250 SOUTH OCEAN BLVD., 15A
BOCA RATON FL 33432

Mailing Address

250 SOUTH OCEAN BLVD., 15A
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/05/2000

5. FEI Number

65-1066870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V-PRES.	Richard L. Siskind	870 Lake Drive	Boca Raton FL, 33432
PRES.	Jon S. Siskind	320 East 23rd Street, 4A	New York, NY 10010
SEC.	Neil S. Siskind	4 Park Avenue, 15F	New York, NY 10016

500004740525--8

-12/27/01--01016--010

****150.00 ****150.00

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., #500
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name Richard L. Siskind
Street Address (P.O. Box Number is Not Acceptable)
250 South Ocean Blvd.
Suite, Apt. #, Etc.
Apt. 15A
City Boca Raton
State FL
Zip Code 33432

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/25/01

11. 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

Daytime Phone #

11/25/01

MW

272

The Siskind Group, Inc.
250 South Ocean Blvd., 15A
Boca Raton, Florida 33432

November 27, 2001

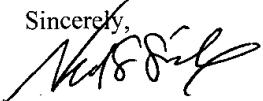
Florida Dept. of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fla, 32399

Re: Reinstatement of Corporation

Dear Sir/Madam:

Our company did not receive the Annual Report Form from your office. Your records should reflect, as I am told by an employee of your office, that the post office returned it to you undelivered. As such, enclosed is the required form and a check in the amount of \$150.00 for the filing fee. Please have this taken care of as soon as possible so that we are reinstated expeditiously and can carry on business in Florida without further concern. Thank you.

Sincerely,



Neil S. Siskind, Secretary