

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 25 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051022

1. Corporation Name

RODENHURST, INC.

Principal Place of Business

C/O SPIELMAN KOENIGSBERG & PARKER, LLP
888 SEVENTH AVENUE - 35TH FLOOR
NEW YORK NY 10106

Mailing Address

C/O SPIELMAN KOENIGSBERG & PARKER, LLP
888 SEVENTH AVENUE - 35TH FLOOR
NEW YORK NY 10106300012232283
04/03/03--01053--030 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Alison Cohen	810 Spielman, Koenigsberg & Parker 888 Seventh Ave 35th Fl	New York, NY 10106

300012232283
02/10/03--01115--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date November 6, 2002

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

Alison Cohen

1.2.03

Date

Daytime Phone #

CR2E040 (8/02)

Rodenhurst, Inc.
C/O Spielman Koenigsberg & Parker LLP
888 Seventh Avenue 35th Floor
New York, NY 10106

November 8, 2002

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

Re: Rodenhurst Inc.
EIN 13-4182195
Document # P01000051022
Application for Reinstatement

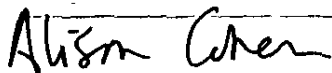
To Whom It May Concern:

We never received the 2002-annual-report/uniform-business report issued by the state of Florida. We did receive the notice of administrative dissolution from the state of Florida.

Per instructions from your office enclosed is an "Application for Reinstatement" for the above-mentioned corporation. We have also enclosed a check for \$150.00 for the Annual Report Fee and the Corporate Supplemental Fee.

We respectfully request that you reinstate Rodenhurst, Inc.

Sincerely,



Allison Cohen
President