PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 FEB 15 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000054641

1. Corporation Name
PALISANDER II, Inc.

100117247531
02/06/08--01013--018 **750.00

REINSTATEMENT 07-08

2. Principal Office Address	3. Mailing Office Address
1855 Griffin Rd.	1855 Griffin Rd.
Suite, Apt. #, etc. Suite C236	Suite, Apt. #, etc. Suite C236
City & State Dania Beach	City & State Dania Beach
Zip 33004 Country Broward	Zip 33004 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 5/15/02

5. FEI Number 74-3042552 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Sara B. Horton
Street Address (P.O. Box Number is Not Acceptable): 1855 Griffin Rd.
Suite, Apt. #, Etc.: Suite C236
City: Dania Beach State: FL Zip Code: 33004

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Sara B. Horton (REGISTERED AGENT MUST SIGN) Date: 1/23/08

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	Stephen R. Gano	61 East 11th Street	New York, NY 10003
VPT	Nora A. Gano	61 East 11th Street	New York, NY 10003

100117247531
02/06/08--01017--013 **150.00

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: Stephen R. Gano STEPHEN R. GANO 1/23/08 954 929 0923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (10/06)