OCT-02-03 11:03AM FROM- T-571 P.02/02 F-242

APPROVED AND FILED

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03 OCT -2 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000096652

1. Corporation Name
NEW CUTLER BAY CORP.

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
c/o FSA 350 Park Avenue	c/o FSA 350 Park Avenue
Suite, Apt. #, etc.: Ms. Maria Cheng	Suite, Apt. #, etc.: Ms. Maria Cheng
City & State: New York, NY	City & State: New York, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/06/2002

5. FEI Number: 05-0532636 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): One Southeast Third Avenue

Suite, Apt. #, Etc.: 28th Floor

City: Miami State: FL Zip Code: 33131

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: American Information Services, Inc. By: [signature] Nery C. Toledo, Asst. Sec. Date: Oct. 2, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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-P	Cochran, Robert P.	350 Park Avenue	New York, NY 10022
S	Stern, Bruce	350 Park Avenue	New York, NY 10022
VP-AS	Makowski, Alex G.	350 Park Avenue	New York, NY 10022
SVP	Brewer, Russell B., II	350 Park Avenue	New York, NY 10022
VP	Cheng, Maria E.	350 Park Avenue	New York, NY 10022

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] Robert P. Cochran, Presiden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From: Jay O. Sadd Legal Asst
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
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CORPORATION REINSTATEMENT

NEW CUTLER BAY CORP.

Certificate of Status	0
Certified Copy	0
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