

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT -8 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P12474

**1. Corporation Name**

Senior Income Depository Inc.

400023644184  
10/08/03--01037--005 \*\*900.00

**2. Principal Office Address**

745 7th Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10019

Country

US

**3. Mailing Office Address**

101 Hudson Street

Suite, Apt. #, etc.

10th Floor

City & State

Jersey City NJ

Zip

07302

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/25/2002

**5. FEI Number**

13-3377755

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-03**

**7. Name and Address of Current Registered Agent**

Name

The Prentice-Hall Corporation System Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

Date

REGISTERED AGENT MUST SIGN

**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
P,D	Rocco F. Andriola	745 7th Avenue	New York, NY 10019
T	Ian T. Lowitt	745 7th Avenue	New York, NY 10019
S	Jennifer Marre	745 7th Avenue	New York, NY 10019
Asst.C	Barry J. O'Brien	70 Hudson Street, 10th Floor	Jersey City, NJ 07302

**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:**

*Barry J. O'Brien*

Barry J. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/03

Date

(201) 499-8310

Daytime Phone #

*JKW/g*

# LEHMAN BROTHERS

September 26, 2003

Department of State  
Division of Corporations  
409 Gaines Street  
Tallahassee, FL 32399

***Re: Senior Income Depositary Inc.  
Document#: P12474***

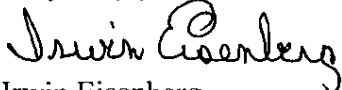
Dear Sir/Madam:

Please find enclosed the additional \$900.00 fee required to reinstate the above-stated corporation in the State of Florida. This payment covers the reinstatement, annual report, and corporate supplemental fees.

Your immediate attention to this matter is very much appreciated, as we are quite anxious to be reinstated and once again conduct business in the State of Florida.

Kindly acknowledge receipt by stamping and returning to the undersigned the enclosed copy of this letter.

Very truly yours,



Irwin Eisenberg  
Vice President

IE/vp  
Enclosures