

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 DEC 14 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P13000019382

1. Corporation Name

928 Penn Corp

**REINSTATEMENT 2015**

2. Principal Office Address - No P.O. Box #

928 Pennsylvania Ave

Suite, Apt. #, etc.

Apt 4

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A

3. Mailing Office Address

60 Broad Street

Suite, Apt. #, etc.

Suite 3502

City & State

New York, NY

Zip

10004

Country

U.S.A

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/27/13

5. FEI Number

46-2153923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paracorp Incorporated

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

155 Office Plaza Drive, 1st Floor

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

400280016894

12/14/15--01003--004 \*\*\$35.00

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

Please see attachment

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

President Frederic V Blanchard 60 Broad Street, Ste 3502 New York, NY, 10004

Secretary Michael Wiesenfeld 60 Broad Street, Ste 3502 New York, NY, 10004

10. E-mail Address: hyu @ kubpartners.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/15

Date

Daytime Phone #

AJR

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/30/2015

ENTITY NAME: 928 PENN CORP

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

*Sharon Cooke*

Sharon Cooke, Assistant Secretary  
Paracorp Incorporated