

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 NOV 12 AM 9:16

DOCUMENT # P13000099752

1. Corporation Name

New York Private Equity Group, Inc.

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

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 1950

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 1950

City & State

Miami, FL

Zip

33131

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12/16/2013

5. FEI Number

46-4743855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

B&B Bookkeeping and Income Tax Service, Inc.

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

1711 N. 25th Street

Suite, Apt. #, Etc.

Suite D

City

Fort Pierce

State

FL

Zip Code

34947

600273096096
11/12/15--01041--004 **\$10.00

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

Mark A. Jager
REGISTERED AGENT MUST SIGN

Date 11/10/2015

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 |
|--------|--------------------------------------|---|--------------------|
| PST | Stan Bauchemin | 1200 Brickell Ave. #1950 | Miami, FL 33131 |
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REINSTATEMENT

NOV 12 2015

R. HUNT

10. E-mail Address: Mark@nyassoc.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

Date

Daytime Phone #