## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

	DIVISION OF CORPORATIONS	03 JUN 13 PM 3: 19	
DOCUMENT #1P13823  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE. FLORIDA	7
John Blair & Company	Inc.		
2. Principal Office Address	3. Mailing Office Address		
3 East 54th Street	3 East 54th Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-
		4. Date Incorporated or Qualified To Do Business in Florida March	30, 1987
City & State	City & State		<del>-, -,</del> -
New York, NY	New York, NY	5. FEI Number	Applied For
	I TACAN TOTAN TAT	l 13_33071 <i>2</i> 1	Not Applicable

Country

	U.S.A.	CERTIFICATE OF STATU	IS DESIRED 😾	for a Certificate of S		
	<u> </u>	7. Name	and Address of Current Re	gistered Agent		
Name	Corpo	ration Service	e Company			
Street Ad	idress (P.O. Box Numb	er is Not Acceptable)				
	1201	Hays Street				
Suite, Ap	st. #, Etc.					
City	Talla	hassee		State FL	Zip Code 32301	

6.

	8.	I, being appointed the	registered	d agent of the	above named	l corporation, a	m familiar wit	h and accept	the obligat	tions of section 6	07.0505 or 617	7.0503, F
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Signature of Registered Agent

Zip

10022

REGISTERED AGENT MUST SIGN

Zip

Country

FILED

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Pres. Leo MacCourtney 3 East 54th Street New York, NY 10022 ν Sec. Steve Berlin 3 East 54th Street New York, NY 10022 Dir. Timothy McAuliff 3 East 54th Street New York, NY 10022 6D0020823496

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-03 2/d-230-570/
Date Daytime Phone #



rul?

ACCOUNT	NO.	:	07210000003	2

REFERENCE

130387 \_\_\_\_1697031

AUTHORIZATION

COST LIMIT : \$ 1650.00

ORDER DATE: June 12, 2003

ORDER TIME: 9:42 AM

ORDER NO. : 130387-005

CUSTOMER NO: 169703A

CUSTOMER: Sherie Rosenberg

Wilson, Elser, Moskowitz,

150 East 42nd Street

New York, NY 10017-5639

REINSTATEMENT

NAME: JOHN BLAIR & COMPANY INC.

Filest

YY	PETNICTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

03.11W 13 PM, 1:0