PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 DEC 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P15000043105

1. Corporation Name

VIDARIS OF FLORIDA, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
360 Park Avenue South		360 Park Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
15th Floor		15th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10010	USA	10010	USA

4. Date Incorporated or Qualified To Do Business in Florida
05/13/2015

5. FEI Number
47-4054993
[X] 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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc

City	State	Zip Code
PLANTATION	FL	33324

700299370527

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
Pres/D	MARC WEISSBACH	360 PARK AVENUE SOUTH, 15TH FL.	NEW YORK, NY 10010
D	SCOTT R. SCHAFLER	360 PARK AVENUE SOUTH, 15TH FL.	NEW YORK, NY 10010
D	ROBERT VECCHIO	360 PARK AVENUE SOUTH, 15TH FL.	NEW YORK, NY 10010
D	JONATHAN STEIN	360 PARK AVENUE SOUTH, 15TH FL.	NEW YORK, NY 10010
D	JEFFREY LIPSITZ	360 PARK AVENUE SOUTH, 15TH FL.	NEW YORK, NY 10010

10. E-mail Address: _____
(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: _____ MARC WEISSBACH 12/16/2016 212-689-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/17/2013 Wolters Kluwer Online

T HENDERSON
DEC 20 2016

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 12/16/16
ACCT. 120160000072

Name:	Vidaris of Florida
Document #:	
Order #:	10294826

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	*Certified:*
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 558.75
UP TO $760.00

RECEIVED
DEPT. OF STATE
16 DEC 16 PM 3:31

Thank you!

T HENDERSON
DEC 20 2016