PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORICA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15264

1. Corporation Name

NEW YORKER ELECTRONICS CO. INC.

Principal Place of Business Mailing Address **420 CENTER AVENUE 420 CENTER AVENUE** MAMARONECK NY 10543 MAMARONECK NY 10543 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 07/21/1987 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 13-1666917 Not Applicable 6. Zip Country Zip \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED [for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD SLIVKA, SAMUEL A. **420 CENTER AVENUE** MAMARONECK NY VSD SLIVKA, HARRIET **420 CENTER AVENUE** MAMARONECK NY D SLIVKA, A.T. **420 CENTER AVENUE** MAMARONECK NY 700008025077---09/25/02--01081--015 ****750.00 ****750.00 780008025077. -09/25/02--01081--016 ****158.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name YOUER, JUDY Street Address (P.O. Box Number is Not Acceptable) 1672 EMERSON DRIVE PALM BAY FL 82909 Suite, Apt. #, Etc City a bar 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Registered Agent REGISTERED AGENT MUST

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

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SLUNCIARY OF STATE TALLAHASSEE. FLORIDA

Daytime Phone #