

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P16926*

1. Corporation Name

Mets Partners, Inc.

2. Principal Office Address

Shea Stadium

Suite, Apt. #, etc.

3. Mailing Office Address

Shea Stadium

Suite, Apt. #, etc.

City & State

Flushing, NY

Zip

11368

Country

USA

City & State

Flushing, NY

Zip

11368

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/23/1987

5. FEI Number

11-2843028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500024247085

10/29/03--01015--015 \*\*750.00

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Lynette Coleman*  
REGISTERED AGENT MUST SIGN

Lynette Coleman  
as its agent

Date

10/13/03

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
D/C/ CEO	Fred Wilpon	Shea Stadium	Flushing, NY 11368
D/P	Saul Katz	Shea Stadium	Flushing, NY 11368
D/COO SEVP	Jeffrey Wilpon	Shea Stadium	Flushing, NY 11368
EVP/S	David Howard	Shea Stadium	Flushing, NY 11368
D	Marvin Tepper	Shea Stadium	Flushing, NY 11368
D	Richard Wilpon	Shea Stadium	Flushing, NY 11368

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 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:

*David P. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

718-565-4397

CR2E081 (10/02)

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CORPORATION REINSTATEMENT

9. Names and Street Addresses of Each Officer and/or Director (continued)

<u>Titles</u>	<u>Name of Director/Officer</u>	<u>Street Address</u>	<u>City, State, Zip</u>
D	Michael Katz	Shea Stadium	Flushing, NY 11368
D	David Katz	Shea Stadium	Flushing, NY 11368
D	Thomas Osterman	Shea Stadium	Flushing, NY 11368
D	Arthur Friedman	Shea Stadium	Flushing, NY 11368
D	Steven Greenberg	Shea Stadium	Flushing, NY 11368
D	Stuart Sucherman	Shea Stadium	Flushing, NY 11368
SVP	David Cohen	Shea Stadium	Flushing, NY 11368
VP	Paul Danforth	Shea Stadium	Flushing, NY 11368
VP	Jay Horwitz	Shea Stadium	Flushing, NY 11368
VP	William Ianniciello	Shea Stadium	Flushing, NY 11368
VP	Karl Smolarz	Shea Stadium	Flushing, NY 11368
VP	Robert Kasdon	Shea Stadium	Flushing, NY 11368
VP	Leonard Labita	Shea Stadium	Flushing, NY 11368