

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 11 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P27192

1. Corporation Name

SWANKE HAYDEN CONNELL LTD. INC

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

295 LAFAYETTE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

295 LAFAYETTE STREET

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10012

Country

USA

Zip

10012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12.05.1989

5. FEI Number

13-3168797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

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

110 N. MAGNOLIA STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
PD	RICHARD S. HAYDEN	296 FLORIDA HILL ROAD	RIDGEFIELD / CT / 06877
SD	GEORGE G. ALEXANDER	2801 PARK CENTER DRIVE, A505	ALEXANDRIA / VA / 22302
TD	RICHARD A. CARLSON	27 BLEEKER STREET	NEW YORK / NY / 10012
AS	ROBERT A. STRASSER	116 BILTMORE BLVD.	MASSAPEQUA / NY / 11758

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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 contained in Chapter 119, 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

ROBERT A. STRASSER  
CHIEF FINANCIAL OFFICER

Date

3/7/08 (212) 76-9696

Daytime Phone #

3/12/08