PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -7 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38115

1. Corporation Name
Richard Lewis Paper Corporation

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2250 E. Devon Ave. | 11 Madison Avenue |
| Suite, Apt. #, etc.: NO. 225 | Suite, Apt. #, etc.: |
| City & State: Des Plaines, IL | City & State: New York, NY |
| Zip: 60018 Country: USA | Zip: 10010 Country: USA |

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 03/30/93

5. FEI Number: 22-3149743 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporate SErvice Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

300003169523--9
03/14/00--01109--002
****900.00 ****900.00

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: Vicki Schreiber, Asst-V.P. Date: 3/1/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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 |
|---|---|---|---|
| P | Harry E. Gould, Jr. | 11 Madison Ave., | New York, NY 10010 |
| V | D. J. Lala | Same | |
| S | Patrick Mullen | Same | |
| | | | |
| | | | LS |
| | | | |

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 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] 2/16/00 212-301-8635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICK MULLEN SECRETARY