

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38115

1. Corporation Name

RICHARD LEWIS PAPER CORPORATION

Principal Place of Business

11 MADISON AV
NEW YORK NY 10010
US

Mailing Address

11 MADISON AV
NEW YORK NY 10010
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1992

5. FEI Number

22-3149743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GOULD, HARRY E JR.	11 MADISON AVENUE	NEW YORK NY 10010
V	LALA, D.J. MATTHEWS, CARL	11 MADISON AVENUE	NEW YORK NY 10010
S	MULLEN, PATRICK	11 MADISON AVENUE	NEW YORK NY 10010

800009437148

8. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT

City

State

FL

Zip Code

78

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/9/02

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:

Signature of Patrick Mullen
PATRICK MULLEN, SEC. 12/9/02 212-301-8639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/02)

Prayer



ACCOUNT NO. : 072100000032

REFERENCE : 849032 4319251

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : December 9, 2002

ORDER TIME : 9:57 AM

ORDER NO. : 849032-010

CUSTOMER NO: 4319251

CUSTOMER: Mr. Patrick Mullen
Gould Paper Corporation
11 Madison Avenue

New York, NY 10010

REINSTATEMENT

NAME: RICHARD LEWIS PAPER
CORPORATION

RECEIVED
02 DEC 10 AM 11:43
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____