

FILE No. 396 10/21 '05 04:26 ID: CSC
10/20/05 2:34PM Corporation Service Company

FAX: 850 558 1515

NO. 0110

PAGE

2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P38115			
1. Corporation Name RICHARD LEWIS PAPER CORPORATION			
2. Principal Office Address 11 Madison Ave.		3. Mailing Office Address 11 Madison Ave.	
Suite, Apt. #, etc. 14th Floor		Suite, Apt. #, etc. 14th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10010	Country US	Zip 10010	Country US

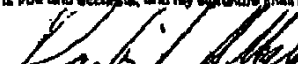
05 OCT 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 Re

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 3/30/92	
5. FEI Number 22-3149743	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
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 607.0605 or 617.0604, F.S.			
Signature of Registered Agent 		Date 10/21/05	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
T/Ras	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/D	Harry B. Gould, Jr.	11 Madison Avenue	New York, NY 10010
V	Carl Matthews	11 Madison Avenue	New York, NY 10010
T	Patrick Mullen	11 Madison Avenue	New York, NY 10010
10. I certify that I am an officer or director of 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 118.07(3)(f), 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 		Date 10/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patrick Mullen		Daytime Phone # 212-301-8639	



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

RICHARD LEWIS PAPER CORPORATION

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