PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 Re

CR2E081 (8/05)

DOCUMENT # P38115

1. Corporation Name
RICHARD LEWIS PAPER CORPORATION

2. Principal Office Address	3. Mailing Office Address
11 Madison Ave.	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

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jacy Kelley (REGISTERED AGENT MUST SIGN) Date 10/21/05

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/C/D	Harry B. Gould, Jr.	11 Madison Avenue	New York, NY 10010
V	Carl Mathhews	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 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: Patrick Mullen 10/21/05 212-301-8639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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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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