

H01-55352

Fax Audit No.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P39089

1. Corporation Name

MS FLORIDA CORPORATION

2. Principal Office Address

1585 Broadway

Suite, Apt. #, etc.

37th Floor

City & State

New York, NY

Zip

10036

Country

3. Mailing Office Address

1585 Broadway

Suite, Apt. #, etc.

37th Floor

City & State

New York, NY

Zip

10036

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 3, 1992

5. FEI Number

13-3664413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

06-01

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

SEE ATTACHED ACCEPTANCE 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	William M. Lewis, Jr.	1585 Broadway, 37th Floor	New York, NY 10036
VD	Owen D. Thomas	1585 Broadway, 37th Floor	New York, NY 10036
V	John A. Henry	1585 Broadway, 37th Floor	New York, NY 10036
V	Michael E. Foster	1585 Broadway, 37th Floor	New York, NY 10036
V	Christian B. Malone	1585 Broadway, 37th Floor	New York, NY 10036

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 under section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Foster

04/27/01

212-761-4405

Date

Daytime Phone #

Vice President

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FAX:

ID: BILZIN SUMBERG DUNN

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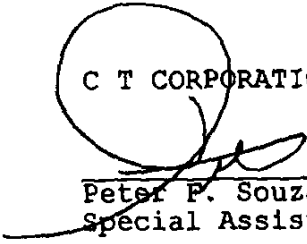
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ACCEPTANCE OF APPOINTMENT

Pursuant to Section 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of MS Florida Corporation and agrees to act in that capacity and to comply with the provisions of the Florida Business Corporation Act (1990), relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of Section 607.0505, Florida Statutes.

Dated April 30, 2001.

C T CORPORATION SYSTEM


Peter F. Souza
Special Assistant Secretary

Fax Audit No.: H01-55352

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

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

From:

Account Name : BILZIN, SUMBERG DUNN PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 350-2446

CORPORATION REINSTATEMENT

MS FLORIDA CORPORATION

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