

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -8 AM 9:31

DOCUMENT #

P39746

1. Corporation Name

Nikate Corporation

2. Principal Office Address

950 Third Avenue

Suite, Apt. #, etc.

9Th Floor

City & State

New York, NY

Zip

Country

3. Mailing Office Address

950 Third Avenue

Suite, Apt. #, etc.

9th Floor

City & State

New York, NY

Zip

Country

REINSTATEMENT 66-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/92

5. FEI Number

13-3673980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Blumberg Excelsior Corporate Services, Inc.

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

4435 Old Winter Garden Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32802

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

REGISTERED AGENT MUST SIGN

Date 6/4/01

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/V	George B. Clairmont	950 Third Avenue, 9th Floor	New York, NY 10022
S/T	Barbara Roman	950 Third Avenue, 9th Floor	New York, NY 10022

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/01

Date

(212) 593-4776

Daytime Phone #

CR2E081 (9/00)