


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000005840

1. Corporation Name

RESEAL INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

~~599 LEXINGTON AVENUE~~  
~~23RD FLOOR~~  
NEW YORK NY 10022  
US

~~599 LEXINGTON AVENUE~~  
~~23RD FLOOR~~  
NEW YORK NY 10022  
US

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

2. New Principal Office Address, If Applicable

919 Third Avenue

Suite, Apt. #, etc.  
27th Floor

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

919 Third Avenue

Suite, Apt. #, etc.  
27th Floor

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1992

5. FEI Number

65-0389940

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
D	PARDES, GREG	<del>599 LEXINGTON AVE 23RD FL</del> 919 Third Ave. 27th FL	NEW YORK NY <del>10173</del> 10022
SVD	POIT, LINDA	<del>599 LEXINGTON AVE 23RD FL</del> 919 Third Ave. 27th FL	NEW YORK NY <del>10173</del> 10022
PD	RICHARDSON, OLIVER	<del>599 LEXINGTON AVE 23RD FL</del> 919 Third Ave. 27th FL	NEW YORK NY <del>10173</del> 10022
D	FALBERG, ARNOLD	<del>599 LEXINGTON AVE 23RD FL</del> 919 Third Ave. 27th FL	NEW YORK NY <del>10173</del> 10022
			400004670024--7 -11/07/01--01004--017 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION 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)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

10-31-01

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:

GREG PARDES

Date

10/30/01

Daytime Phone #

212 3084960

CR2ED40 (8/01)