

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 16 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000003256*

1. Corporation Name

Allied T Pro Florida, Inc.

000093728970
*03/19/07--01032--010 **1208.75*

2. Principal Office Address - No P.O. Box #

1688 Meridian Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Miami Beach, FL

Zip

33139

Country

US

3. Mailing Office Address

500 Seventh Avenue

Suite, Apt. #, etc.

9th Floor

City & State

New York, NY

Zip

10018

Country

US

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/1993

5. FEI Number

59-3158458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Marc Haeni

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

1688 Meridian Avenue

Suite, Apt. #, Etc.

Ste 300

City

Miami Beach

State

FL

Zip Code

33139

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

Date *2/13/07*

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
<i>Pres + Director</i>	<i>Jane Ross mango</i>	<i>500 Seventh Avenue, 9th Fl.</i>	<i>New York, NY 10018</i>
<i>Secty + Director</i>	<i>Max Katz</i>	<i>500 Seventh Avenue, 9th Fl.</i>	<i>New York, NY 10018</i>
<i>Director</i>	<i>Rolf Schafroth</i>	<i>500 Seventh Avenue, 9th Fl.</i>	<i>New York, NY 10018</i>

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 contained in Chapter 119, 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:

Jane Ross mango
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07
Date

212-596-1010
Daytime Phone #