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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN 16 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053299

1. Corporation Name
ROSENTHAL FINANCIAL SERVICES OF FLORIDA, INC.

REINSTATEMENT
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1370 Broadway		1370 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2nd Floor		2nd Floor	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10018	New York	10018	New York

4. Date Incorporated or Qualified To Do Business in Florida: 07/14/1994

5. FEI Number: 650507408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NATIONAL CORPORATE RESEARCH, LTD. INC.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

☐ 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.

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: [signature] Date: 1-16-08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presid	Stephen J. Rosenthal	1370 Broadway	New York, NY 10018
Secret	Eric J. Rosenthal	1370 Broadway	New York, NY 10018
A.Secr	Janet Boyle	1370 Broadway	New York, NY 10018
Treas.	Franz Gritsch	1370 Broadway	New York, NY 10018

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: [signature] Franz Gritsch 1/15/2008 (212)356-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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S. Mitchell JAN 16 2008