

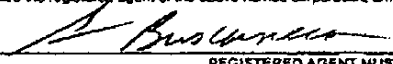
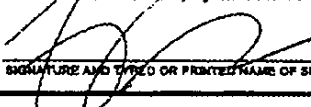
To: The Florida Dept. of State
Subject: 000438.80150

From: Ashley Smith

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000053299			
1. Corporation Name ROSENTHAL FINANCIAL SERVICES OF FLORIDA, INC.			
2. Principal Office Address - No P.O. Box # 1370 Broadway Suite, Apt. #, etc. 2nd Floor City & State New York, New York Zip 10018		3. Mailing Office Address 1370 Broadway Suite, Apt. #, etc. 2nd Floor City & State New York, New York Zip 10018	
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		4. Date Incorporated or Qualified To Do Business in Florida 07/14/1994 5. FEI Number 650507408 6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 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.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent:  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
President	Stephen J. Rosenthal	1370 Broadway	New York, NY 10018
Secretary	Eric J. Rosenthal	1370 Broadway	New York, NY 10018
A. Secy	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 taxes 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:  Franz Gritsch		1/15/2008 (212)356-1722 Date Daytime Phone #	

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