PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 11 PM 12: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088725

1. Corporation Name
New York Consulting Group, Inc.

2. Principal Office Address
940 Lincoln Road
Suite, Apt. #, etc.
City & State
Miami Beach, FL
Zip 33139 Country Dade

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida 11-20-1995 SP

5. FEI Number 65-0622205 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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City Plantation, Florida State FL Zip Code 33324

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***1050.00 ***1050.00

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 Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date 12-7-00
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
D/Pres/S	Lori Torffield	345 E. 81st Street	New York, N.Y. 10028
D/VP/S	Christopher Meatto	8350 Blvd. East	North Bergg, NJ 07030

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: CHRISTOPHER MEATTO 12/04/00 (305)534-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #