

APR. 28. 2008 3:15PM

C S C

NO. 925 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

H08000112585 STE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 28 PM 2:46

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000012840

1. Corporation Name

CTM BROCHURE DISPLAY (FLORIDA), INC.

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

11 Largo Drive South

Suite, Apt. #, etc.

City &amp; State

Stamford, CT

Zip

06907

Country

USA

3. Mailing Office Address

80 East 42nd Street

Suite, Apt. #, etc.

Suite 1812

City &amp; State

New York, NY

Zip

10165

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

4. Date Incorporated or Qualified  
To Do Business in Florida

2/9/96

5. FEI Number

13-3188135

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.

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*Heather Chapman*

Date

4/28/08

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---|--------------------|
| Pres  | Barry Luden                          | 11 Largo Drive South                              | Stamford, CT 06907 |
| Sec   | Joyce Mason                          | 520 Broad Street                                  | Newark, NJ 07102   |
| Dir   | Howard Jonas                         | 520 Broad Street                                  | Newark, NJ 07102   |
| Dir   | Joyce Mason                          | 520 Broad Street                                  | Newark, NJ 07102   |
|       |                                      |   |                    |
|       |                                      |   |                    |

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:

*Joyce Mason*

Joyce Mason

(212) 557-1324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000112585 3)))



H080001125853ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I200000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*Heasler x2908*

CORPORATION REINSTATEMENT

CTM BROCHURE DISPLAY (FLORIDA), INC.

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$2,400.00 |