PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2005-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 JAN 31 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P96000060335

1. Corporation Name

Sandalwood Partners, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o M. Korotkin	c/o M. Korotkin
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2297 Golf Brook Drive	27th Floor, 1177 6th Ave
City & State	City & State
Wellington, FL	New York, NY
Zip / Country	Zip / Country
33414 / Palm Beach	10036 / NY

4. Date Incorporated or Qualified To Do Business in Florida: 7/17/1996

5. FEI Number: 13-3913561 ☐ 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: Korotkin, Michael

Street Address (P.O. Box Number is Not Acceptable): 2297 Golf Brook Drive

Suite, Apt. #, Etc.:

City: Wellington | State: FL | Zip Code: 33414

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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: 1/25/17

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
Pres	Michael P. Korotkin	23 York Road	Larchmont, NY 10538
VP	Marcia Korotkin	23 York Road	Larchmont, NY 10538

10. E-mail Address: mkorotkin@KRAMERLEVIN.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 1/25/17 (212) 715-9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael P. Korotkin, Pres.