

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000060335

1. Corporation Name

Sandalwood Partners, Inc.

2. Principal Office Address

c/o Kramer Levin

Suite, Apt. #, etc.

919 Third Avenue

City & State

New York, NY

Zip

10022

Country

New York

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/16/96

5. FEI Number

133913561

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 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Nays Street

Suite, Apt. #, Etc.

City

Tallahassee

800017905858

State
FL

Zip Code
32301

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

Ann R. Shilling

REGISTERED AGENT MUST SIGN Ann R. Shilling, Asst. V.P.

Date 05/01/2003

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. 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:

Michael P. Korotkin, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

(212) 715-9155
Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 078066 4803290

AUTHORIZATION :

COST LIMIT : \$ 1050.00

ORDER DATE : May 1, 2003

ORDER TIME : 10:55 AM

ORDER NO. : 078066-005

CUSTOMER NO: 4803290

CUSTOMER: Sherri Hawkins, Legal Asst
Kramer Levin Naftalis &
919 Third Avenue

New York, NY 10022-3903

DOMESTIC FILINGS

NAME: SANDALWOOD PARTNERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight 1156

EXAMINER'S INITIALS _____

RECEIVED
03 MAY - 2 AM 11:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA