PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 JAN 27 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068130

1. Corporation Name
Aaron J. Broder, Inc.

600029955576
03/05/04--01030--021 **150.00

600029955576
03/05/04--01030--020 **750.00

2. Principal Office Address	3. Mailing Office Address
700 S. Ocean Blvd.	350 Fifth Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
suite 1003	suite 2811
City & State	City & State
Boca Raton, FL	New York, NY
Zip / Country	Zip / Country
33432	10001 / New York

4. Date Incorporated or Qualified To Do Business In Florida: 8/15/1996

5. FEI Number: 59-3400431 ☐ 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: BlumbergExcelsior Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4435 Old Winter Garden Road

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32802

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: 1/1/04

BlumbergExcelsior Corporate Services, Inc. - Marc Moel, Asst. Secy.

CR2E081 (10/02)

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.	Aaron J. Broder	1.1 Beech Lane	Kingspoint, NY 11024

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: [signature] 1/9/04

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