

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 APR 19 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # 996000070887

1. Corporation Name

MARK NEW SMYRNA REALTY, INC.

REINSTATEMENT

01-02

2. Principal Office Address
20 SoundviewMarketplace
Port Washington, NY11050

3. Mailing Office Address
20 Soundview Market Place
Port Washington, NY11050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Washington, NY

City & State

Port Washington, NY

Zip

11050

Country

USA

Zip

11050

Country

USA

4. Date incorporated or resumed
To Do Business in Florida

August 26, 1996

5. FEI Number

23-2863322

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

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 617.0505, F.S.

Signature of
Registered Agent

Ed Hand - Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

4/19/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kenneth F. Bernstein	20 Soundview MarketPlace	Port Washington, NY11050
Sr.VP	Robert Masters, Esq.	20 Soundview MarketPlace	Port Washington, NY11050
Asst.Sec	Carol Smrek, Esq.	20 Soundview Marketplace	Port Washington, NY 11050

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)(f), 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.

By: Robert Masters, Senior Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2002 516-767-8830

Date

Daytime Phone #

BB