

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071610**

1. Corporation Name

Reinmex Florida, Inc.

2. Principal Office Address

200 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite 3590

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

200 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite 3590

City & State

MIAMI, FL

Zip

33131

Country

USA

REINSTATEMENT 00-06
CR2E081 (12/05)

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

08/28/1996

5. FEEL Number

65-0715701

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

Guy Carpenter & Company, Inc.

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

200 South Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 3590

City

MIAMI

State

FL

Zip Code

33131

200075373372
06/08/06--01008--024 **1653.75

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

Michael J. Borik

Date

5/15/06

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
Director	David E. Birdsall, Jr.	One Madison Avenue	New York, NY 10010
Director	Frederick T. Cavagnuolo	One Madison Avenue	New York, NY 10010
Director	Philip F. Petronis	One Madison Avenue	New York, NY 10010
Secretary	Michael J. Borik	One Madison Avenue	New York, NY 10010
		<i>05/15/06</i>	

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:

Michael J. Borik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Borik, Secretary 05/15/2006

Date

(917) 937-3027

Daytime Phone #