APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 12 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084867

1. Corporation name
HW Family Corp.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
c/o Arlene Goldberg 355 Lexington Avenue	c/o Arlene Goldberg 355 Lexington Avenue
Suite, Apt #, etc. 21st Floor	Suite, Apt #, etc. 21st Floor
City & State New York, NY	City & State New York, NY
Zip: 10017 County: USA	Zip: 10017 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/96

5. FEI Number: 65-0705853 (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 E. Park Avenue

Suite, Apt #, Etc:

City: Tallahassee State: FL Zip Code: 32301

8. I (we) appointed the registered agent of the above named corporation, have read with and accept the obligations of section 607.0505 or 617.0503 F.S.

Signature of Registered Agent: Michael Ruden Date: 11-12-02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,AS,AT	Don Walker	355 Lexington Avenue 21st Floor	New York, NY 10017
S,T	Arlene L. Goldberg	355 Lexington Avenue 21st Floor	New York, NY 10017

10. I certify that I am an officer or director of the corporation or trustee authorized to execute this application as provided for in chapter 607 or 617 F.S. I further certify that with 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 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 the application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Arlene Goldberg 11/6/02 646-227-4915

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

H02000224720

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)764-4996

CORPORATION REINSTATEMENT

HW FAMILY CORP.

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