FILED

01 DEC 14 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000104436

1. Corporation Name

HOSTNYC, INC.

HM

2000-2001 UBR

2. Principal Office Address		3. Mailing Office Address	
1863 Dominion Drive		1863 Dominion Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hanmer, Ontario		Hanmer, Ontario	
Zip	Country	Zip	Country
P3P 1W2	CANADA	P3P 1W2	CANADA

4. Date Incorporated or Qualified To Do Business In Florida: December 12, 1997

5. FEI Number: 22-3569047 — 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 Hays Street

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 617.0503, F.S.

Signature of Registered Agent: Brian Courtney as its agent — Date: 12-14-01

REGISTERED AGENT MUST SIGN

CR2E081 (8/00)

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
P/S/D	RYAN GOLDSTEIN	1674 Broadway, Suite 405	New York, NY 10019
			500004727195--7

10. I certify that I am an officer or director of 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: Ryan Goldstein RYAN GOLDSTEIN — 11/29/01 — 212-245-8599

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

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ACCOUNT NO. : 072100000032

REFERENCE : 353478 4372512

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 300.00

ORDER DATE : December 13, 2001

ORDER TIME : 2:34 PM

ORDER NO. : 353478-015

CUSTOMER NO: 4372512

CUSTOMER: Gregg E. Jaclin, Esq
Anslow & Jaclin, Llp
Freehold Executive Center
4400 Route 9 South, 2nd Floor,
Freehold, NJ 07728

RECEIVED
01 DEC 14 PM 4:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: HOSTNYC, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

NOTES: CLIENT STATED THAT THEY SPOKE TO THE STATE AND THAT THE STATE WOULD BE WAIVING $600.00 OFF THEIR REINSTATEMENT FEE.

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____