PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAR -3 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000051772

1. Corporation Name
TILDEN REALTY FLA, INC.
W09-8114

REINSTATEMENT 09-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 HEMPSTEAD TURNPIKE	
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.
City & State: WEST HEMPSTEAD	City & State: NEW YORK
Zip: 11552 Country: NASSAU	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/1999

5. FEI Number: 11-350 0454 ☐ 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: Registered Agent Name & Address
Street Address: CORPORATION SERVICE COMPANY
Suite, Apt.: 1201 HAYS STREET
City: TALLAHASSEE State: FL Zip Code: 32301-2525 US

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Allison Quigley Allison Quigley, Assistant VP Date: 2/18/09
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
President	ROBERT BASKIND President	300 HEMPSTEAD TNPK	W. HEMPSTEAD NY 11552

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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: Robert Baskind Pres. 2/18/09 516 746-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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