

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S92059

1. Corporation Name

MEADOW GROVES MANAGEMENT CORP.

Principal Place of Business

1185 AVENUE OF THE AMERICAS  
32ND FLOOR  
NEW YORK NY 10036

Mailing Address

1185 AVENUE OF THE AMERICAS  
32ND FLOOR  
NEW YORK NY 10036



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1991

5. FEI Number

13-3645668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MELCHER, JAMES L.	<del>210 W 90TH ST 6D</del> 451 West End Avenue, 9D	NEW YORK NY 10024
V	ROBINSON, ROBERTA	6775 STARDUST LANE	ORLANDO FL 32818

600023922846  
10/20/03--01006--006 \*\*150.00

10/10/03

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Brian Courtney  
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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)(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:

SIGNATURE  
J. Melcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

(212) 768-9000

Daytime Phone #

CR2E040 (7/03)

**Meadow Groves Management**  
1185 Avenue of the Americas  
32nd Floor  
New York, NY 10036

October 13, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document # S92059


To Whom It May Concern:

Please reinstate Meadow Groves Management Corp. to do business in the State of Florida. Our company has always been timely in paying the annual uniform business fee but for whatever reason, the two notices did not reach us this year. Please update the mailing address on our account as follows:

Meadow Groves Management Corp.  
C/o Balestra Capital, Ltd.  
1185 Avenue of the Americas  
32<sup>nd</sup> Floor  
New York, NY 10036-2603

Thank you for your attention to this matter. If you have any questions, please feel free to contact me at (212) 768-9000.

Sincerely



James L. Melcher  
President