

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

Mailing Address

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

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



REINSTATEMENT 09

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3645668

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MELCHER, JAMES L.	210 W 90TH ST 6D 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

9. Name and Address of New Registered Agent

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

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]

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
32nd 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