PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 29 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (12/07)

DOCUMENT # V43662

1. Corporation Name
Acorn Associates, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1211 Ave of the Americas		1211 Ave of the Americas	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 3300		Suite 3300	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10036	USA	10036	USA

4. Date Incorporated or Qualified To Do Business in Florida 06/15/1992

5. FEI Number 11-3085504 ☐ 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: Business Filings Incorporated
Street Address (P.O. Box Number is Not Acceptable): 1303 Governors Square Blvd.
Suite, Apt. #, Etc.: Suite 101
City: Tallahassee | State: FL | Zip Code: 32301

☑ 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.

97-08-Rein. 10-10-08 DC

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: Brenna Moriarty Asst. Secretary for Business Filings Incorporated Date: 9/19/08
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
M	Alexander Goren	1211 Ave of the Americas Suite 3300	New York, NY 10036
D	James Goren	1211 Ave of the Americas Suite 3300	New York, NY 10036

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09/29/08--01065--007 **1800.00

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: _____ 9/19/08 212 759-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #