

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


04 OCT -7 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/12/04--01038--002 \*\*3775.00

REINSTATEMENT 72-04


<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 821530</b>					
1. Corporation Name 29-37 Main Street, White Plains, Coporation					
2. Principal Office Address 20 Milestone Road			3. Mailing Office Address c/o Laurence W. Cohen		
Suite, Apt. #, etc. Rye Brook, NY			Suite, Apt. #, etc. 375 Park Avenue		
City & State Atn: Carol Cohen			City & State New York, NY		
Zip 10573	Country USA	Zip 10152	Country USA		

4. Date Incorporated or Qualified To Do Business in Florida 06/07/1988	
5. FEI Number 13-1738615	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Norman Platt	
Street Address (P.O. Box Number is Not Acceptable) Platt Realty & Management Corp.	
Suite, Apt. #, Etc. 3864 Sheridan Street	
City Hollywood	State / Zip Code FL 33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.0503, F.S.	
Signature of Registered Agent Norman Platt	Date 10/1/04
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
P/D	Carol G. Cohen	20 Milestone Road Rye Brook, NY	Rye Brook, NY 10573
V/D	Aaron S. Cohen	1237 Sedgewick Ave.	Westfield, NJ 07090
T/S/D	Laurence W. Cohen	57 Random Farms Circle	Chappaqua, NY 10514

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 807 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)(l), 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: 	9/30/04 212-751-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2004 10/1/04