

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

04 FEB -9 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P24886**

1. Corporation Name

ROYAL ALLIANCE ASSOCIATES, INC.

REINSTATEMENT 03-04



200028414412
 02/09/04--01057--010 **908.75

Principal Place of Business Mailing Address
 733 THIRD AVE 733 THIRD AVE
 4TH FLOOR 4TH FLOOR
 NEW YORK NY 10017 NEW YORK NY 10017
 US US
 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/20/1989	
City & State		City & State		5. FEI Number	
Zip		Country		93-0987232	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	GOLDBERG, MARK	733 THIRD AVENUE	NEW YORK NY 10017
S	HERMIDA, MARIA	733 THIRD AVENUE	NEW YORK NY 10017
T	SULLIVAN, BETTYANN	733 THIRD AVENUE	NEW YORK NY 10017
D	COHEN, HYMAN	733 THIRD AVENUE	NEW YORK NY 10017
VP	MAYOL, NOEMI	733 THIRD AVENUE	NEW YORK NY 10017

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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]* **Jonathan R. Giddings**
 Assistant Secretary
 REGISTERED AGENT MUST SIGN
 Date: 1/29/04

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: *Noemi Mayol* **Noemi Mayol** 1/29/04 212.551.5366
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E040 (7/03)