

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 #

1211 Ave of the Americas

Suite, Apt. #, etc.

Suite 3300

City & State

New York, NY

Zip

10036

Country

USA

3. Mailing Office Address

1211 Ave of the Americas

Suite, Apt. #, etc.

Suite 3300

City & State

New York, NY

Zip

10036

Country

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)

1203 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 607.0605 or 617.0603, 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)

Title	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 10038
D	James Goren	1211 Ave of the Americas Suite 3300	New York, NY 10036

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/08

Date

212-759-1014

Daytime Phone #