


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1072

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 JAN 30 AM 10:42
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F93000000545

1. Corporation Name
MODEX BRICKELL, INC.

REINSTATEMENT 03-04

Principal Place of Business Mailing Address

220 EAST 42ND STREET 220 EAST 42ND STREET
 27TH FLOOR 27TH FLOOR
 NEW YORK NY 10017 NEW YORK NY 10017

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



900025734199
 12/23/03--01051--029 **150.00

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/04/1993

5. FEI Number 13-3696439 Applied For Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TANSEY, FRANCES X	220 EAST 42ND STREET 27TH STREET	NEW YORK NY 10017
S	LUSKI, DAVID	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017
VS	SUMMERS, BRIAN T	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code

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 Cynthia L. Harris **Cynthia L. Harris**
 Asst. Secretary Date 1/29/04

REGISTERED AGENT MUST SIGN

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] 12-15-03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



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Weiser LLP
Certified Public Accountants

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New York, NY 10020-1299
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December 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Modex Brickell, Inc.

EIN: 13-3696439

Document No: F93000000545

Notice Date: September-19, 2003

Dear Sir/Madam:

We are the accountants for the above mentioned taxpayer and are in receipt of your notice and Certificate of Revocation dated September 19, 2003, a copy of which is enclosed. The notice indicates that the above mentioned taxpayer did not file its 2003 corporation annual report/uniform business report (UBR).

Modex Brickell, Inc. did not receive the UBR filing form for 2003. Per instructions from the Division of Corporations, we are enclosing a completed Application for Reinstatement form with a check in the amount of \$150.00. We respectfully request that you waive the reinstatement fee.

If you require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,


Tara McCoy-Jeffers