

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 19 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004308**

1. Corporation Name

LARISTAN PROPERTIES N.V. CORP.

Principal Place of Business

Mailing Address

%PAVIA & HARCOURT
600 MADISON AVE., 12TH FL
NEW YORK NY 10022
US

%PAVIA & HARCOURT
600 MADISON AVE., 12TH FL
NEW YORK NY 10022
US

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

REINSTATEMENT 990

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.		09/22/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-2285930	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
PD	CORTI, ALBERTO	VIA AL PONTE 9	MASSAGNO, SWITZERLAND 6900
S	PAVIA, GEORGE M	600 MADISON AVE., 12TH FL	NEW YORK NY 10022
XS	MASSA, XOXOBERK	XOXO MADISON XOXO XOXO XOXO	NEW YORK NY 10022 X

300003024559--2
-10/25/99--01139--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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.

Signature of Registered Agent: Merryl Weiner *Merryl Weiner*, Authorized Person Date: 10/18/99
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: George M. Pavia, Secretary Date: 10/18/99 (212) 980-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 3500

KE