

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

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

REINSTATEMENT 990

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 09/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2285930	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
XX	MASSA, XOXOBERK	XOXO MADISON XOXO XOXO XOXO	NEW YORK NY XOXO XOXO

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.

KE

SIGNATURE: *George M. Pavia*, **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