

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 MAR -4 PM 3:26 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004161

1. Corporation Name

OLD MOUNTAIN ORLANDO, INC.

Principal Place of Business

Mailing Address

C/O CABOT, CABOT & FORBES
~~93 SUMMER ST., SUITE 910~~
BOSTON MA 02110
US

C/O CABOT, CABOT & FORBES
~~93 SUMMER ST., SUITE 910~~
BOSTON MA 02110
US



400005108134--3
-03/14/02--01052--023

***600.00 ***600.00

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

2. New Principal Office Address, If Applicable
125 Summer Street

3. New Mailing Office Address, If Applicable
125 Summer Street

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1994

Suite, Apt. #, etc.
Suite 1800

Suite, Apt. #, etc.
Suite 1800

5. FEI Number

13-3783354

Applied For

Not Applicable

City & State
Boston, MA

City & State
Boston, MA

Zip
02110

Country
USA

Zip
02110

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PIROVANO, JOHN A	551 5TH AVENUE	NEW YORK NY
VD	FIELD VI, MARSHALL	551 5TH AVENUE	NEW YORK NY
VDT	HALSEY, WILLIAM A.	551 FIFTH AVENUE	NEW YORK NY
S	SVEC, CHRIS	225 W WACKER DRIVE	CHICAGO IL

400005108134--3
-03/14/02--01052--024
***150.00 ***150.00

REINSTATEMENT 01-02 TO

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C.T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
400005108134--3
Suite, Apt. #, Etc. -03/14/02--01052--025
City
State Zip Code
FL

CR2E040 (801)

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 **PETER F. SOUZA**
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **2/21/02**

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 REQUIRED John A. Pirovano 10/24/01 617-603-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #