

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**F95000002571**  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 Division of Corporations

FILED

99 JUN -16 AM 8:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000002571

1. Corporation Name

LARAMIE LITHING INC. ~~LIMITED PARTNERSHIP~~

Principal Place of Business

Mailing Address

c/o SIM WILSON  
 C.B. GARCO REAL ESTATE GROUP  
 201 E KENNEDY BLVD - ST 1121  
 TAMPA FL 33602

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

5/26/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

113268311

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	MARK SILVERMAN	500 N. BROADWAY (STE 239)	JERICHO NY 11753
V/P Secy	CHARLES BERNSTEIN	500 N BROADWAY (STE 239)	JERICHO NY 11753
Treas	ARISTIDES SIDERIS	500 N. BROADWAY (STE 239)	JERICHO NY 11753
			000002557600--0 -06/11/98--01087--021 ****900.00 ****900.00
<b>REINSTATEMENT 97-98 CM</b>			

8. Name and Address of Current Registered Agent

LEWIS, RONALD E SR  
 5301 NORTH FEDERAL HIGHWAY (STE 150)  
 BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name: Sim Wilson c/o CB Commercial Real Estate  
 Street Address (P.O. Box Number is Not Acceptable): 201 E. Kennedy Blvd.  
 Suite, Apt. #, Etc.: Ste 1121  
 City: Tampa, FL State: FL Zip Code: 33602

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date: 5/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/15/98 (516) 433-5900  
 Daytime Phone #

CR2E040 (1/98)