

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 AM 8:42

DOCUMENT #

1. Corporation Name

Edera Inc.
File No. F95000003084

REINSTATEMENT 00-01

2. Principal Office Address

11 West 42nd Street

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10036

Country

U.S.A.

3. Mailing Office Address

11 West 42nd Street

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10036

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/95

5. FEI Number

133560467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee,

State

FL

Zip Code

32301

400004499594-8
-07/26/01--01018--020
****908.75 ****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John Pelletier
REGISTERED AGENT MUST SIGN **JOHN PELLETIER**

Date 6/29/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Adalberto Sodani	11 West 42nd Street	New York, New York 10036
T	Robert F. Estevez	11 West 42nd Street	New York, New York 10036
S	Philip R. Forlenza	1133 Avenue of the Americas	New York, New York 10036
Asst.S	Jeffrey E. LaGueux	1133 Avenue of the Americas	New York, New York 10036

10. 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:

Key E. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

6/27/01

Daytime Phone #

212-336-2684

CR2E081 (8/00)