

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12/22

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 01 DEC 21 PM 12: 37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F96000000409

1. Corporation Name
AFRICAN PRIDE CO.

Principal Place of Business Mailing Address
 625 MADISON AVENUE 625 MADISON AVENUE
 NEW YORK NY 10022 NEW YORK NY 10022



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

2. New Principal Office Address, If Applicable 2210 MELSON AVENUE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 2210 MELSON AVENUE Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 01/05/1996
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	5. FEI Number 13-3861826 Applied For Not Applicable
Zip 32254	Country DUVAL	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 32254	Country DUVAL	

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
<i>P</i>	MARKS, BRIAN K	145 HUGUENOT ST	NEW ROCHELLE NY
<i>V/S</i>	MICHAEL POWELL	625 MADISON AVENUE	NEW YORK, NY 10022
<i>✓</i>	VINCENT BOVA	625 MADISON AVENUE	NEW YORK, NY 10022

200004778802--3
 -01/16/02--01080--002
 ***158.00 ***150.00

8. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *Brian Courtney*
Brian Courtney as its agent
 REGISTERED AGENT MUST SIGN
 Date: **12-19-01**

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)(l), 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: *Vincent Bova*
Vincent Bova
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **12/18/01**
 Daytime Phone #: **(212) 527-5244**

CR2E040 (8/01)



2210 Melson Avenue
Jacksonville, FL 32254

December 11, 2001

STRICTLY CONFIDENTIAL

Florida Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: **AP Products Ltd.**
EIN: 13-3861826
Document Number: F96000000409

To Whom It May Concern:

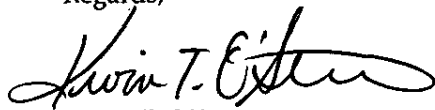
As the tax manager for the above-mentioned taxpayer, I am responding to your form (copy attached) regarding the application for reinstatement.

Enclosed is a check for \$150. This total represents the annual report fee for 2001. Please waive the reinstatement fee of \$600. The original report and previous notices were not received. This is the first notice AP Products received regarding the Florida Annual Report filing requirement.

This information and fee should put AP Products Ltd. in good standing with the State of Florida.

Thank you for your cooperation. If you have any questions, please contact me at 904.366.5586.

Regards,


Kevin T. O'Steen

Enclosures