

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 JAN 12 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000480

1. Corporation Name

ERT Development Corporation

Principal Place of Business

1120 Avenue of the Americas  
New York, NY 10036

Mailing Address

same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida. 1/28/97

5. FEI Number

33-059288

Applied For

Not Applicable

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 non-profit 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SEE ATTACHED LIST			
			200003117852--6 -02/01/00--01038--025 ****350.00 ****350.00
			\$550.00 LS 9/09/99 90001/014

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System  
1201 Hays Street  
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name  
Fischette, Owen, Held & McBurney  
Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Boulevard  
Suite, Apt. #, Etc.  
Suite 1916  
City  
Jacksonville  
State  
FL  
Zip Code  
32207

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 By: James A. Fischette President  
REGISTERED AGENT MUST SIGN

Date 11/16/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven F. Siegel

11/17/99

Date

(212) 869-3000

Telephone #