


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

02 FEB - 8 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # F97000004794

1. Corporation Name  
ERT West Palm, Inc.

2. Principal Office Address <u>15 Old Danbury Rd.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>15 Old Danbury Rd.</u> Suite, Apt. #, etc. <u>#</u>	
City & State <u>Wilton CT</u>		City & State <u>Wilton, CT</u>	
Zip <u>06897</u>	Country <u>USA</u>	Zip <u>06897</u>	Country <u>USA</u>

**REINSTATEMENT 2000-2002**  
up

4. Date Incorporated or Qualified To Do Business in Florida  
Aug 1997

5. FEI Number  
65-0774418

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  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee, FL

State  
FL

Zip Code  
32301

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  
by: Margaret Pike, Asst Secretary Date 2/7/02

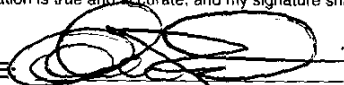
REGISTERED AGENT MUST SIGN

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
<u>Director Pres</u>	<u>Everett B. Miller, III</u>	<u>15 Old Danbury Rd.</u>	<u>Wilton, CT 06897</u>
<u>Director</u>	<u>Hugh C. Scott</u>	<u>15 Old Danbury Rd.</u>	<u>Wilton, CT 06897</u>
<u>Director Sect Treas</u>	<u>Marc P. Weiss</u>	<u>15 Old Danbury Rd.</u>	<u>Wilton, CT 06897</u>

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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  Marc P. Weiss Date 2/5/02 (203) 563-5065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP-5081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 460913 4359856

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : \$ 1058.75

ORDER DATE : February 7, 2002

ORDER TIME : 10:30 AM

ORDER NO. : 460913-005

CUSTOMER NO: 4359856

CUSTOMER: Dianne M. Yuen, Esq  
Pircher, Nichols & Meeks  
900 North Michigan Avenue  
Suite 1050  
Chicago, IL 60611-1575

RECEIVED  
02 FEB - 8 AM 11:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: ERI WEST PALM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds X1133  
EXAMINER'S INITIALS \_\_\_\_\_