

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE

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DOCUMENT # F98000005961

1. Corporation Name

LAI WARD HOWELL, INC.

Principal Place of Business

3903 NORTHDAL BLVD., STE. 200E
 TAMPA FL 33624

Mailing Address

3903 NORTHDAL BLVD., STE. 200E
 TAMPA FL 33624



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

622 THIRD AVENUE
 38 FLOOR
 NEW YORK, NY
 10017

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1998

5. FEI Number

13-1785231

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 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
C	PEARSON, ROBERT L	1601 ELM ST., STE. 4150	DALLAS TX 75201
DV	WISSMAN, JACK P	3903 NORTHDAL BLVD., STE. 200E	TAMPA FL 33624
DST	ALBRIGHT, PHILIP R	3903 NORTHDAL BLVD., STE. 200E	TAMPA FL 33624
D	MCDONNELL, PATRICK J OLESNICKY, MYRON	225 WEST WACKER DR., STE 2100 622 THIRD AVE, 39 FL	CHICAGO IL 60606 NEW YORK, NY 10017
D	TREACH, JAMES	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
D	CATALANE, BART	622 THIRD AVE, 39 FL	NEW YORK, NY 10017

8. Name and Address of Current Registered Agent

ALBRIGHT, PHILLIP R
 3903 NORTHDAL BLVD
 STE 200E
 TAMPA FL 33624

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 500003487758-47
 -12/05/00-01074-004
 City State Zip Code
 ****758. FL ****758.75

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 11/14/00

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)(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 11/14/00

Daytime Phone #

CR2E040 (8/00)