


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F98000005961**


1. Corporation Name
LAI WARD HOWELL, INC.

Principal Place of Business 3903 NORTHDAL BLVD., STE. 200E TAMPA FL 33624	Mailing Address 622 THIRD AVENUE 38 FLOOR NEW YORK NY 10017
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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	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country	Country
	TAX DEPARTMENT 622 THIRD AVE, 38 FL NEW YORK, NY 10017		

FILED
 01 NOV 21 PM 1:47
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2001 *[Signature]*

4. Date Incorporated or Qualified To Do Business in Florida
11/27/1998

5. FEI Number
13-1785231

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
OFF	PEARSON, ROBERT L	1801 ELM ST., STE. 4150	DALLAS TX 75201
OFF	WISSMAN, JACK P	3903 NORTHDAL BLVD., STE. 200E	TAMPA FL 33624
DST VP	ALBRIGHT, PHILIP R HARRINGTON, PATRICK	3903 NORTHDAL BLVD., STE. 200E 622 THIRD AVE, 38 FL	TAMPA FL 33624 NEW YORK, NY 10017
DIP	OLESNYCKYJ, BYRON	622 THIRD AVE, 39 FL	NEW YORK NY 10017
DP	TREACY, JAMES	622 THIRD AVE 39 FL	NEW YORK NY 10017
DCE O	CATALANE, BART ANDREW MCKELVEY	622 THIRD AVE, 39 FL	NEW YORK NY 10017

8. Name and Address of Current Registered Agent ALBRIGHT, PHILIP R 3903 NORTHDAL BLVD STE 200E TAMPA FL 33624	9. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301
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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 *[Signature]* **Brian Courtney** as its agent
 Date 11-21-01

11. I certify that I am an officer or director of 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]* **PATRICK HARRINGTON - VP TAX** 11/20/01 (202) 351-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)