

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

99 JUL 14 PH 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-99

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G80406 1. Corporation Name J.W. BARCLAY & CO., INC.			
Principal Place of Business ONE BATTERY PARK PLAZA NEW YORK, NY 10004		Mailing Address 23RD FLOOR	
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	
		4. Date Incorporated or Qualified To Do Business in Florida 01/26/84	
		5. FEI Number 58-1550508	
		Applied For Not Applicable	
		6. 2 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	JOHN BRUNO	585 NAVESINK RIVER ROAD	MIDDLETOWN, NJ 07701
VICE PRES	MICHAEL WILLS	44 BEEKMAN TERRACE	SUMMIT, NJ 07901
CFO	PETER WALSH	10 MURFIELD DRIVE	LINCROFT, NJ 07738
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. Pine Island Road Plantation, FL 33324		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	
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 <i>Laura R. Perry</i> REGISTERED AGENT MUST SIGN		Date 7/14/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(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: <i>John Bruno</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JOHN BRUNO, PRESIDENT Date 7/13/99	
		(212) 309-5200 Daytime Phone #	

CR2E081 (12-98)