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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -4 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/11/02--01065--014
***1200.00 ***1200.00

DOCUMENT # P26438

1. Corporation Name

LCI Holdings, Inc.

7102000027530

REINSTATEMENT 99-02

2. Principal Office Address

ONE CLAIBORNE AVE

Suite, Apt. #, etc.

TAX DEPT 8TH FLOOR

City & State

NORTH BERGEN N.J.

Zip

Country

07047

HUDSON

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10-12-1989

5. FEI Number

13-3423562

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

The Prentice-Hall Corporation System, Inc.

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

1201 - HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

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

Elizabeth A. Homocny

REGISTERED AGENT MUST SIGN

Date

10/3/02

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
See ATTACHED sheet			

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:

Kevin M. Bollbach V.P. TAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-5-02 (201) 295-7267

Daytime Phone #

CR2E081 (9/01)

Prep 2/87

LCI Holdings, Inc.

Date of Incorporation : Sept. 03, 1987

SS#	OFFICERS	
403-56-5810	PAUL R. CHARRON 70 OX RIDGE LANE DARIEN, CT 06820	CHAIRMAN - CEO
082-46-9838	ROBERT NEGRON 334 CEDAR LANE RIVER VALE, NJ 07642	PRESIDENT
137-50-1118	MICHAEL SCARPA ONE CLAIBORNE AVE. NORTH BERGEN, NJ 07047	VICE PRESIDENT - CEO
158-56-7439	ROBERTA SCHUHALTER KARP 336 WEST END AVENUE NEW YORK, NY 10023	VICE PRESIDENT - CORPORATE AFFAIRS & GENERAL COUNSEL AND SECRETARY
084-34-3736	ROBERT McKEAN 15 SHERWOOD STREET HUNTINGTON, NY 11743	VICE PRESIDENT - CASH & RISK MANAGEMENT
084-52-4419	LORI R. KEURIAN 12-26 DIANE PLACE BAYSIDE, NY 11360	VICE PRESIDENT - DEPUTY GENERAL COUNSEL
096-36-6018	KEVIN M. BOLLBACH 445 EAST 86TH STREET NEW YORK, NEW YORK 10028	VICE PRESIDENT - TAX