

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 NOV -5 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 31941

1. Corporation Name
L.C. Service COMPANY DELAWARE
INC.

200024610832
11/12/03--01053--009 **1350.00

REINSTATEMENT 99-03

2. Principal Office Address		3. Mailing Office Address	
ONE CLAIBORNE AVE		ONE CLAIBORNE AVE	
Suite, Apt. #, etc. 8th Floor Tax Dept		Suite, Apt. #, etc. 8th Floor Tax Dept	
City & State NORTH BERGEN NJ		City & State NORTH BERGEN NJ	
Zip 07047	Country HUDSON	Zip 07047	Country HUDSON

4. Date Incorporated or Qualified To Do Business in Florida 10-30-1990

5. FEI Number 22-3039893 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 B. Koniarz

REGISTERED AGENT MUST SIGN Date 10/28/2003

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
CO	PAUL CHARRON	1441 BROADWAY	NEW YORK, NY
VAS	ROBERTA S. KARP	1441 BROADWAY	NEW YORK, NY
V.P.	KEVIN M. BOLLBACH	445 EAST 86TH ST	NEW YORK, NY

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 KEVIN M. BOLLBACH 9-30-03 (201) 295-7267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR32081 (10/02)