

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 99 MAR -4 PM 4:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P40710

1. Corporation Name
 RCMP Management, Inc

Principal Place of Business: 625 Madison Ave NY NY 10022
 Mailing Address: 625 Madison Ave NY NY 10022

REINSTATEMENT 98-99

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: 9/30/92
 5. FEI Number: 13-3644948
 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCO	David Wine	625 Madison Ave	NY, NY 10022
ENP	Michael Brenner	625 Madison Ave	NY, NY 10022
D	Stephen M. Ross	625 Madison Ave	NY, NY 10022
S	Susan McGuire	625 Madison Ave	NY, NY 10022

8. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Rd
 Plantation, FL 33324

9. Name and Address of New Registered Agent

Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 Suite, Apt. #, Etc.: [Blank]
 City: [Blank]
 State: FL Zip Code: [Blank]

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: Charles W. Meyer
 REGISTERED AGENT MUST SIGN

Date: 3/3/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 212-421-5333
 Date Daytime Phone #