AP!	PLEASE READ PLICATION FOR		TRUCTIONS  DA DEPARTME  Sandra B. Mo  Secretary of S	NT OF STATE		TING THIS FORM.	·	
REIN	STATEMENT ***		DIVISION OF CORPO			98 NOV 24 PM 2	: 27	
DOCUMENT # P97000007852  1. Corporation Name					t t	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Harbour Lights Holding Company, Inc.					į	TALLAHASSILI, 100	:	
Nonles El 7410E			ress ed Avenue rora, NY 14052-2980		REINS	STATEMENT OF		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					an algorithms			
	N. Tamiami Trail	applicable	Applicable ()	<u> </u>	offated or Qualified hess in Florida 1/27/97			
City & State City & State			5. FEI Number			Applied For Not Applicable		
Naples, Florida  Zip Country  33940 Collier  Country  Cou								
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s) Sole Director			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip			
Director Share- nolder				d	·	East Aurora, NY 14052		
/.P.	Joy A. Feldman		167 Ruskin Road			Amherst, NY 14226		
Secty.	ecty. Paulett K. Brylinski			eet		East Aurora, NY 14052		
reas.	Debra King	4501 N. Tamiami Trail			Naples, FL 33940			
res.	John Smith	300 Gleed Avenue			East Aurora, NY 14052			
						3	11-24-98	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
William H. Crawford  2868 Remington Green Circle, Suite B  HIQ Corpo  Street Address (F					nāte Servic .O. Box Number	es. Inc. s Not Acceptable)		
Tallahassee, Florida 32308  526 Eas Suite, Apt. #, 200				526 East F Suite Apt. #, Elc. 200	Park Avenue			
City Tallahass					100 100 100 10			
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 Date November 19, 1998  REGISTERED AGENT MUST SIGN								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No On intangible tax.)								
2. 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.								

716/687-2635 Daytime Phone #

11/16/98

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOY A FELDMAN, VICE President