

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025743

1. Corporation Name
Centracan, Inc.

2. Principal Office Address
545 Madison Ave.

3. Mailing Office Address
545 Madison Ave

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
New York, NY

City & State
New York, NY

Zip Country
10022

Zip Country
10022

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***1058.75 ***1058.75

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 650736042		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
 Suite, Apt. #, Etc. 8,75-Cent
 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 Brian Courtney, Asst. V. Pres. Date 5/28/02

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
Secretary	Anthony Ottaviano	545 Madison Ave NY NY 10022	New York NY 10022
Treasurer	Michael Ciccoricca	545 Madison Ave	New York, NY 10022

DD-02
REINSTATEMENT

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: 5/21/02 (212) 583-9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08T (9/01)