


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAR 11 PM 1:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 997000025743

1. Corporation Name  
 CENTRACAN INCORPORATED

|   |                |   |                |
|---|----------------|---|----------------|
| 2. Principal Office Address<br>65 East 55th Street      |                | 3. Mailing Office Address<br>65 East 55th Street        |                |
| Suite, Apt. #, etc.<br>c/o Olshan Grundman Frome et al. |                | Suite, Apt. #, etc.<br>c/o Olshan Grundman Frome et al. |                |
| City & State<br>New York, NY                            |                | City & State<br>New York, NY                            |                |
| Zip<br>10022  | Country<br>USA | Zip<br>10022  | Country<br>USA |

4. Date incorporated or qualified To Do Business in Florida 3/21/1997

5. FEI Number 65-0736042 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  
Corporate Service Bureau Inc.

Street Address (P.O. Box Number is Not Acceptable)  
103 N. Meridian 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 [Signature] Date 2/25/05

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| P/D    | Jérôme Goubeaux                   | 65 East 55th Street                            | New York, NY 10022 |
| S/D    | Ken Roberts                       | 65 East 55th Street                            | New York, NY 10022 |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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)(f), 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] JEROME H. GAUBENIX 1-18-05 (912) 233-3985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date 1-18-05 Daytime Phone # (912) 233-3985

CR2ED01 (07/05)