

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 23 PM 2:03

DOCUMENT # P98000052970

1. Corporation Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO-S.L.,  
INC.

2. Principal Office Address

8000 The Esplanade

3. Mailing Office Address

8000 The Esplanade

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified

To Do Business in Florida 06/12/98

City & State

Orlando, FL

City & State

Orlando, FL

5. FEI Number

59-3517852

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~XXXXXXXXXXXXXXXXXXXX~~ KOHN, DAVID

Street Address (P.O. Box Number is Not Acceptable)

~~XXXXXXXXXXXX~~ 8000 The Esplanade

Suite, Apt. #, Etc.

City

~~XXXXXXXXXX~~ Orlando,

State

FL

Zip Code

32836

~~XXXX~~

8. I, being appointed the registered agent of the abovenamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 05/17/00

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
D	Gueñon, Dan	330 W. 58th ST, Ste 5E	New York, N Y 10019
D	Schiff, Akiva	330 W. 58th St. Ste 5E	New York, NY 10019

100003284291-5  
-06/12/00--01017--012  
\*\*\*\*908.75 \*\*\*\*908.75

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: David Kohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00

Date

Daytime Phone #

CR2E081(9/99)