

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 13 AM 11:33

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # 54725

1. Corporation Name
Brown Schweitzer Holdings, Inc.

Principal Place of Business Mailing Address
**419 Key Executive Building (same as principal
 104 Crandon Boulevard place of business)
 Key Biscayne, Florida 33149**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
State, Apt. #, etc.	City & State	State, Apt. #, etc.	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 22-3359698 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
Director	Douglas A. Brown	419 Key Executive Building 104 Crandon Boulevard	Key Biscayne, FL 33149
Director	Charles Schweitzer	419 Key Executive Building 104 Crandon Boulevard	Key Biscayne, FL 33149

400002005064-3
 -11/14/96--01102--005
 *****383.75 *****383.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Steven Leischner 419 Key Executive Building 104 Crandon Boulevard Key Biscayne, Florida 33149		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		State, Apt. #, Etc.	
		City	State Zip Code
		FL	

10. I, being appointed as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Steven Leischner Date: 11/8/96
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Date: 11/8/96 (212) 486-6670 #3016
 SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Division Form 9