

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 JAN 15 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49919

1. Corporation Name
C. P. E., INC.

Principal Place of Business Mailing Address
550 Mamaroneck Avenue, Suite 203
Harrison, NY 10528
Same

REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable
28 East Washington St.
Suite, Apt. #, etc.
City & State
Orlando, FL 32801
Zip Country

3. New Mailing Address, If Applicable
28 East Washington St.
Suite, Apt. #, etc.
City & State
Orlando, FL 32801
Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida
07/06/92
5. FEI Number
59-3181121
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Theodore Bolin	1500 Braewick Avenue	Winter Springs, FL 32708
VP	Fred D. Clark	1500 Braewick Avenue	Winter Springs, FL 32708
VP	Michael E. Rosen	1500 Braewick Avenue	Winter Springs, FL 32708

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101-15-97

8. Name and Address of Current Registered Agent
Michael E. Rosen
1500 Braewick Avenue
Winter Springs, FL 32708

9. Name and Address of New Registered Agent
Name
W. Scott Callahan
Street Address (P.O. Box Number is Not Acceptable)
28 East Washington Street
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32801

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 [Signature] Date January 2, 1997
W. Scott Callahan 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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] MICHAEL E. ROSEN 01/13/97 914-777-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)