

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1998 JAN 16 PM 12:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V72531**

1. Corporation Name
CHOLDERM INC.

Principal Place of Business 47 EAST 68TH STREET SUITE 1911 NEW YORK NY 10021 US	Mailing Address 47 EAST 68TH STREET C/O MITCHELL J MANDEL NEW YORK NY 10021 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 36 Whitney Lane Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 36 Whitney Lane Suite, Apt. #, etc. 40 Mitchell J. Mandel	4. Date Incorporated or Qualified To Do Business in Florida 10/09/1992
City & State Brookville, New York	City & State Brookville, New York	5. FEI Number 65-0366236
Zip 11545	Country USA	Country USA
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 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)			
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
CEO	MANDEL, MITCHELL J M.D.	3800 NE 191ST ST., SUITE 1911 36 Whitney Lane	AVENTURA FL Brookville, NY 11545
D	WACHTER, DAVID S	20 EAST 74TH ST., APT. 3A	NEW YORK NY
D	LAFF, CHARLES A	1048 WEST WEBSTER AVE.	CHICAGO IL

REINSTATEMENT 07/98
1/14/98

8. Name and Address of Current Registered Agent GROSS, GAIL 7735 NW 79TH AVE APT - 311 TAMARAC FL 33321	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
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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: Gail Gross REGISTERED AGENT MUST SIGN Date: 1/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Mitchell J. Mandel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/14/98 Daytime Phone #: 212-570-9595

CR2E040 (8/97)