PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 30 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000000471**

1. Corporation Name

LODEX BRICKELL, INC.

REINSTATEMENT 03-04

300025734233
12/23/03--01051--030 **150.00

Principal Place of Business	Mailing Address
220 EAST 42ND STREET 27TH FLOOR NEW YORK NY 10017	220 EAST 42ND STREET 27TH FLOOR NEW YORK NY 10017

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 Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/1993

5. FEI Number: 13-3696937 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TANSEY, FRANCIS X	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017
VS	SUMMERS, BRIAN T	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017
TD	LUSKI, DAVID	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET STE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Cynthia L. Harris **Cynthia L. Harris Asst. Secretary** Date: 1/29/04

REGISTERED AGENT MUST SIGN

11. 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: SIGNED 12-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Weiser LLP
Certified Public Accountants

135 West 50th Street
New York, NY 10020-1299
Tel 212.812.7000
Fax 212.375.6888

www.mrweiser.com

December 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lodex Brickell, Inc.
EIN: 13-3696937
Document No: F93000000471
Notice Date: September 19, 2003

Dear Sir/Madam:

We are the accountants for the above mentioned taxpayer and are in receipt of your notice and Certificate of Revocation dated September 19, 2003, a copy of which is enclosed. The notice indicates that the above mentioned taxpayer did not file its 2003 corporation annual report/uniform business report (UBR).

Lodex Brickell, Inc. did not receive the UBR filing form for 2003. Per instructions from the Division of Corporations, we are enclosing a completed Application for Reinstatement form with a check in the amount of $150.00. We respectfully request that you waive the reinstatement fee.

If you require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,

Tara McCoy-Jeffers