

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 11 PM 1:13

DOCUMENT # **520921**

1. Corporation Name
CONGRESS FINANCIAL CORPORATION (FLORIDA)

Principal Place of Business Mailing Address

1133 AVENUE OF THE AMERICAS 1133 AVENUE OF THE AMERICAS
 NEW YORK NY 10036 NEW YORK NY 10036

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 4. Date Incorporated or Qualified To Do Business in Florida **12/27/1976**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

5. FEI Number **62-0994198** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	HARNICK, STEVEN	777 BRICKELL AVENUE	MIAMI FL
T	SCHWARTZ, MORTON Z	1133 AVE. OF THE AMERICAS	NEW YORK NY
V	LUCARELLI, MICHELE	1133 AVE. OF THE AMERICAS	NEW YORK NY
C	DAVIS, WILLIAM R	1133 AVE. OF THE AMERICAS	NEW YORK NY 10036
V	MACKIN, JIM	1133 AVE. OF THE AMERICAS	NEW YORK NY 10036

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. **200004733102--8**
 City **12/19/01 01052-013**
*****150.00 PL ***150.00**

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 _____ Date _____
 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: JIM MACKIN JIM MACKIN, SVP 11/29/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 212 345-4272

CR2040 (8/01)



Congress Financial Corporation
1133 Avenue of the Americas
New York, NY 10036
Tel: 212 840-2000
<http://www.congressfinancial.com>

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October 19, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: UNIFORM BUSINESS REPORT

Dear Sir/Madam:

This is in reference to your recent statement, copy attached, in which you charged us a total of \$750.00 as reinstatement fee. Please be advised that we never received the proper forms so therefore we were unable to file on time.

We ask you to please review this matter and your consideration in removing the reinstatement charges. If you have any questions, please call me at 212 545-4268.

Very truly yours,

Aleli Haar
ALELI HAAR
Junior Accountant