


APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	686682
1. Corporation Name ACP FLORIDA HOLDINGS, INC.	

Principal Place of Business	Mailing Address
249 ROYAL PALM WAY SUITE 301 PALM BEACH FL 33480	400 PARK AVENUE NEW YORK NY 10022

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

FILED
00 DEC 15 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	09/05/1980	SP
5. FEI Number	13-3040379	
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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	BODINI, DANIELE D	C/O ACP INC. , 400 PARK AVE.	NEW YORK NY 10022
P	KIGH, ROY E KIEVIT	C/O ACP, INC. 400 PARK AVE.	NEW YORK NY 10022
S	VIEWER, JOHN D VIENER	C/O ACP., INC. 400 PARK AVE.	NEW YORK NY 10022
			100003514521-7 -12/27/00--01064--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORP. SYSTEM 120 S. PINE ISLAND RD. PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	

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 <i>Barbara A. Burke</i>	RECEIVED SPECIAL ASSISTANT SECRETARY Date 12/20

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:		10/14/00	(212) 826-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #