

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 10 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 815286

1. Corporation Name
LEUCADIA, INC.

2. Principal Office Address
315 PARK AVENUE SOUTH

3. Mailing Office Address
c/o **JUDY LAU**
315 PARK AVENUE SOUTH

Suite, Apt. #, etc.
20TH FLOOR

Suite, Apt. #, etc.
20TH FLOOR

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip Country
10010 USA

Zip Country
10010 USA

4. Date Incorporated or Qualified
To Do Business in Florida **05/19/1961**

5. FEI Number **13-5425430**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

000004638700--7
-10/17/01--01002--029
****758.75 ****758.75

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

REINSTATEMENT 01

City
PLANTATION

State Zip Code
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Stephen Adamo* **STEPHEN ADAMO**
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date **10/9/01**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOSEPH S. STEINBERG	315 PARK AVENUE SOUTH	NEW YORK, NY 10010
S	LAURA E. ULBRANDT	315 PARK AVENUE SOUTH	NEW YORK, NY 10010
VTD	THOMAS E. MARA	315 PARK AVENUE SOUTH	NEW YORK, NY 10010
V	JOSEPH A. ORLANDO	315 PARK AVENUE SOUTH	NEW YORK, NY 10010
CD	IAN M. CUMMING	315 PARK AVENUE SOUTH	NEW YORK, NY 10010

10. 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: *Laura E. Ulbrandt* **LAURA E. ULBRANDT, Secretary** **10/09/2001 (212)460-1977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2081 (9/00)