

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 815286

1. Corporation Name

LEUCADIA, INC.

2. Principal Office Address

315 PARK AVENUE SOUTH

Suite, Apt. #, etc.
20TH FLOOR

City & State

NEW YORK, NY

Zip

10010

Country

USA

3. Mailing Office Address

c/o JUDY LAU

315 PARK AVENUE SOUTH

Suite, Apt. #, etc.

20TH FLOOR

City & State

NEW YORK, NY

Zip

10010

Country

USA

FILED

01 OCT 10 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/17/01--01002--029

******758.75 ****758.75**

**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**

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.

City

PLANTATION

State
FL

Zip Code
33324

REINSTATEMENT

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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.

C T Corporation System

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 #

CF2E081 (9/00)