

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 NOV 24 AM 8:09

DOCUMENT # **823026**

1. Corporation Name

CARILLON IMPORTERS LTD

Principal Place of Business

Mailing Address

**GLENPOINTE CENTRE WEST
 TEANECK NJ 07666-3897**

**GLENPOINTE CENTRE WEST
 TEANECK NJ 07666-3897**

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

*One PARKER PLAZA
 Suite, Apt. #, etc. FORT LEE, NJ
 City & State 07024 USA
 Zip Country*

*One PARKER PLAZA
 Suite, Apt. #, etc. FORT LEE, N.J.
 City & State 07024 USA
 Zip Country*

4. Date Incorporated or Qualified To Do Business in Florida

07/10/1969

5. FEI Number

13-1576042

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	MASSEY, BRUCE	11 BRIARWOOD CT.	WOODCLIFF LAKE NJ
AT	JOHNSON, LESLIE	16600 JEALAM RD.	MINNETONKA MN
PD	ROUX, MICHEL	58 ISLAND ESTATES PKWY	PALM COAST FL
VT	CIRAULO, JERRY C	250 LOTTE RD.	RIDGEWOOD, NJ.

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Permitted) **100002358241 - - 3**
 Suite, Apt. #, Etc. **-11/26/97--01092--013**
 City State Zip Code ******750.00 ****750.00**
FL

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 *Barbara A Burke*
 REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
 SPECIAL ASSISTANT SECRETARY

Date **11-10-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Barbara Mortham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/4/97** Daytime Phone # **(201) 592-5650**

REINSTATEMENT *97*

CR2E040 (8/97)