

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -6 PM 4:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 835507

1. Corporation Name
 IR-MAPLE CORP.

Principal Place of Business	Mailing Address
C/O NORTHSTAR PRESIDIO MGMT CO STE 270 GREENWICH CT 06830 US	C/O NORTHSTAR PRESIDIO MGMT CO STE 270 GREENWICH CT 06830 US



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
Suite, Apt. #, etc.	411 W. Putnam Ave.	12/01/1975
City & State	Suite 270 Northstar Presidio Mgt. Greenwich, CT	5. FEI Number
Zip	06830	13-2849687
Country	USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED		

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SABELLA, RICHARD- Allan B. Rothschild	411 W PUTNAM AVE STE 270	GREENWICH CT 06830
SVPC	SCHNACHTER, LAWRENCE R	411 WEST PUTNAM AVE. Suite 270	GREENWICH CT 06830
EVP	ROTHSCHILD, ALLAN B	411 WEST PUTNAM AVE.	GREENWICH CT 06830
VPS	REARDON, KEVIN J. Peter Paganelli	411 WEST PUTNAM AVE. Suite 270	GREENWICH CT 06830

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State FL 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

The United States Corporation Company

REGISTRED BRIAN COURTNEY, ASST. VP.

Date 01/05/2000

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:

Lawrence R. Schachter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99

Date

203-862
 7032
 Daytime Phone #