


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **REMOVED AND FILED**

98 DEC 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **852891**

1. Corporation Name

MULTIPLIER INDUSTRIES CORP.

Principal Place of Business	Mailing Address
135 RADIO CRCL P.O. BOX 630 MT. KISCO NY 10549	135 RADIO CRCL P.O. BOX 630 MT. KISCO NY 10549

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



4. Date Incorporated or Qualified To Do Business in Florida	05/18/1982
5. FEI Number	13-2731439
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)			
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
PTD	ULLRICH, WALTER	OLD ASPETONG RD	KATONAH, NY 00000
VST	ULLRICH, ELAINE	OLD ASPETONG RD	KATONAH, NY 00000

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAVACO SALES, INC 123 NW 13TH STREET SUITE 201 SUITE 204A BOCA RATON FL 33432	Name: MAC COM, Inc. Street Address (P.O. Box Number is Not Acceptable): 7154 N. University Drive Suite, Apt. #, Etc.: Suite 325 City: Ft. Lauderdale State: FL Zip Code: 33321

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: *[Handwritten Signature]* **REQUIRED** Date: 12-11-98

REGISTERED AGENT MUST SIGN

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)(f), 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: *[Handwritten Signature]* 11-17-98 914-241-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELAINE M. ULLRICH Date: Daytime Phone #

CR2E040 (9/98)