2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000001585

Address:

City-St-Zip:

FILED Oct 12, 2005 Secretary of State

Entity Name: PARK LANE MANAGEMENT CORP. **Current Principal Place of Business: New Principal Place of Business:** C/O AMERICAN RIVER LOGISTICS, LTD. 614 PROGRESS STREET ELIZABETH, NJ 07203 **New Mailing Address: Current Mailing Address:** C/O AMERICAN RIVER LOGISTICS, LTD. 614 PROGRESS STREET ELIZABETH, NJ 07203 FEI Number: 11-3277581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEENAN, RANDI SIGNORILE, TOM 4103 SPRING GROVE ROAD 1200 NORTH ELLIS RD JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32254 US US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: TOM SIGNORILE 10/12/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition AGLIARDI, FRANK Name: Name: 1229 OLD WALT WHITMAN ROAD Address: Address: City-St-Zip: MELVILLE, NY 11747 City-St-Zip: Title: W Title: () Delete () Change () Addition Name: FORTE, RICHARD Name: 614 PROGESS STREET Address: Address: ELIZABETH, NJ 07203 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition KEENAN, RANDI SIGNORILE, TOM Name: Name: 6801 WEST 12TH STREET 1200 NORTH ELLIS RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: JACKSONVILLE, FL 32254 Title: () Delete Title: () Change () Addition GULLOTTA, JOSEPH Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANK AGLIARDI PC 10/12/2005

1229 OLD WALT WHITTMAN ROAD

MELVILLE, NY 11747