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
96 DEC 17 PM 3:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000000880

1 Corporation Name

L.J.A.R. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
c/o Mintz Rosenfeld 60 Rt. 46 East Fairfield, NJ 07004	c/o Mintz Rosenfeld 60 Rt. 46 East Fairfield,NJ 07004

REINSTATEMENT 96 AP

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3. New Mailing 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: 3/19/90

5. FEI Number: 22-3071284 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Titles 1	Name of Officers and or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
P	JOEL ROSENFELD	60 Rt. 46 East	Fairfield, NJ 07004
V	HENRY ZUCKERBERG	60 Rt. 46 East	Fairfield, NJ 07004
S	IRA ROSENBLOOM	60 Rt. 46 East	Fairfield, NJ 07004
T	ALAN MINTZ	60 Rt. 46 East	Fairfield, NJ 07004

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-12/18/96--01026--002
****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Lawrence Grosser c/o First National Investments,Inc. 2311 Lee Road Winter Park, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (12/95)

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.

X Signature of Registered Agent _____ Date 12-12-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

X SIGNATURE: Joel Rosenfeld 12/9/96 201-882-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #