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
99 MAY 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005954

1. Corporation Name
Ambrosi + Associates, Inc.

Principal Place of Business	Mailing Address
1100 West Washington Blvd. Chicago, IL 60607	1633 Broadway, New York, NY 10019 1633 Broadway

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

REINSTATEMENT 98-99
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
	1633 Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: New York, NY
Zip / Country	Zip: 10019 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: December 30, 1993

5. FEI Number: 36-3762885 — [X] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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 Number)	City/State/Zip
D	Fred Drasner	450 West 33rd Street	New York, NY 10001
D/VP Exec.	Martin D. Krall	450 West 33rd Street	New York, NY 10001
D/Exec VP	Louis Salamone, Jr.	450 West 33rd Street	New York, NY 10001
P	Nicholas S. Ambrosi	1100 West Washington Blvd	Chicago, IL 60607
VP	Ettore Nardulli	c/o Black Dot Graphics, Inc. 6115 Official Road	Crystal Lake, IL 60014
S	John Bachmann	6115 Official Road	Crystal Lake, IL 60014

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT Corporation System 1200 Pine Island Rd. Plantation, FL 33324	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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 5/20/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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.

SIGNATURE: Bonni L Kingsley — Bonni L. Kingsley — May 19, 1999 — (212) 210-6358
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - CT System Online