

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 14 PM 12:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000000750

1. Corporation Name

CTC RESOURCES, INC.

Principal Place of Business

Mailing Address

780 THIRD AVENUE
 NEW YORK NY 10017

780 THIRD AVENUE
 NEW YORK NY 10017



REINSTATEMENT 98

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

150 E. 52 ST.

150 E. 52 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 FLOOR

27 FLOOR

City & State

City & State

New York NY.

New York NY

Zip

Country

Zip

Country

10022

10022

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1994

5. FEI Number

13-3710489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
P	GROSSMAN, SCOTT M	1725 YORK AVENUE	NEW YORK NY
VP	BELES, DIANE E	25 MAPLE STREET 22 Orchard St.	ROSLYN HEIGHTS NY
			800002716928--5 -12/21/98--01003--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 STE 105
 TALLAHASSEE FL 32301

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date 12-8-98

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)(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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-98 212-759-9393
 Date Daytime Phone #

CR2E040 (9/98)