


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		AND FILED 1996 NOV 27 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500002018015--9 -12/03/96--01115--002 ***575.00 ***575000	
DOCUMENT # F 94000002181 1. Corporation Name <i>Lehman Brothers Holdings Inc.</i>		REINSTATEMENT DO NOT WRITE IN THIS SPACE <i>do not write</i>	
Mailing Address <i>101 Hudson Street 39TH FLOOR Jersey City NJ 07302</i>		Principal Place of Business <i>3 World Financial Center New York NY 10285</i>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		4. Date Incorporated or Qualified To Do Business in Florida <i>12/29/83</i>	
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
5. FEI Number <i>13-3216325</i>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Richard S. Fuld Jr.	3 World Financial Center	New York NY 10285
P	J. Christopher Pettit	3 World Financial Center	New York NY 10285
V	Alfred Grotell	101 Hudson Street	Jersey City NJ 07302
T	Michael R. Milversted	3 World Financial Center	New York NY 10285
S	Karen C. Manson	3 World Financial Center	New York NY 10285
AT	Barry J. O'Brien	101 Hudson Street	Jersey City NJ 07302
8. Name and Address of Current Registered Agent <i>The Prentice Hall Corporation System 1201 Hays Street Suite # 105 Tallahassee FL 32301</i>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 <i>Cassandra Antoinette</i> As Agent Date <i>11/25/96</i> REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. 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: <i>Barry J. O'Brien</i>		ASSISTANT TREASURER NOV 22 1996 (201) 524-5822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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