


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # F94000002593 |  |
| 1. Entity Name AICCO, INC. | |

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| Principal Place of Business 160 WATER STREET 19TH FLOOR NEW YORK, NY 10038 US | Mailing Address 160 WATER STREET, 19TH FLOOR NEW YORK, NY 10038 |
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|---|---|
| 2. Principal Place of Business 101 Hudson Street Suite, Apt. #, etc. 33rd and 34th Floors City & State Jersey City, NJ Zip 07302 Country USA | 3. Mailing Address 101 Hudson Street Suite, Apt. #, etc. 33rd and 34th Floors City & State Jersey City, NJ Zip 07302 Country USA |
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11012004 REIN-P CR2E098 (6/04)

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| 4. FEI Number 95-4477888 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

| | | |
|--|----------|-----------------|
| SIGNATURE:  | 11/10/04 | (201) 631-5400 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

FILED
04 NOV 12 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

