

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

DOCUMENT # F 94000003036

98 NOV 24 PM 1:29

1. Corporation Name

MANRICO CASHMERE U.S.A., INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 150 WORTH AVE. SUITE 224 PALM BEACH, FL 33480	Mailing Address 630 E. HYMAN AVE SUITE 28 ASPEN, CO 81811
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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 980 N. MICHIGAN AVENUE		4. Date Incorporated or Qualified To Do Business in Florida 06/10/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1590		5. FEI Number 84-1233306	
City & State		City & State CHICAGO, IL		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 98.75 Additional Fee required for a Certificate of Status	
60611	USA	60611	USA		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
CP	CALZONI, MANRICO	980 N. MICHIGAN, SUITE 1590	CHICAGO, ILLINOIS 60611
DST	CALZONI, CLAUDIA	980 N. MICHIGAN, SUITE 1590	CHICAGO, ILLINOIS 60611

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4-11-24-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CALZONI, CLAUDIA 150 WORTH AVE. SUITE 224 PALM BEACH, FLORIDA 33480		Name CSC, THE UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALAHASSEE State FL Zip Code 32301-2607	

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 BY: Angela [Signature] ASST. SEC Date NOVEMBER, 1998
REGISTERED AGENT MUST SIGN

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)(f), 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] **11/20/98** (312) 280-6948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/88)