


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

01 OCT -8 AM 11: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500004642045--6
-10/18/01--01066--027
*****750.00 *****750.00

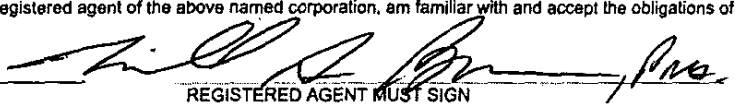
DOCUMENT # F94000004507			
1. Corporation Name PALM WAY CO.			
2. Principal Office Address 440-Royal Palm Way		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, Florida		City & State	
Zip 33480	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/30/94	
5. FEI Number 650514802	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name United Corporate Services, Inc	
Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Boulevard	
Suite, Apt. #, Etc. Suite 508	
City Miami	State FL
Zip Code 33156	

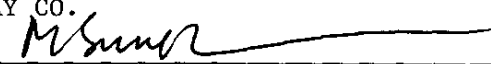
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REINSTATEMENT 2001

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 10/3/01
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President and Director	John P. Oswald	c/o CT Capital International Inc., 575 Fifth Avenue	New York, New York 10017
Secretary	Mario J. Suarez	c/o Morgan, Lewis & Bockius LLP 101 Park Avenue	New York, New York 10178

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: By:  10/2/01 212 309 6920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mario J. Suarez, Secretary
Date
Daytime Phone #

CRZE001 (9/00)