

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**CORPORATION  
 REINSTATEMENT**

FILED

01 OCT -8 AM 11: 03

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **F94000004507**

1. Corporation Name

PALM WAY CO.

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

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  \$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

500004642045--6  
 -10/18/01--01066--028  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

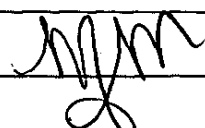
**REINSTATEMENT 2001**

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
			

10. 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 Date Daytime Phone #  
 Mario J. Suarez, Secretary

CRZE001 (9/00)