

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY 23 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F95000005066

1. Corporation Name

LOCH LOMOND MANAGEMENT CORP.

2. Principal Office Address  
c/o Denis Cronin  
380 Madison Avenue  
Suits, Apt. #, etc.  
24th Floor

3. Mailing Office Address  
c/o Denis Cronin  
380 Madison Avenue  
Suite, Apt. #, etc.  
24th Floor

City & State  
New York, NY

City & State  
New York, NY

Zip Country  
10017 USA

Zip Country  
10017 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/17/95

5. FEI Number 13-3836570 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 96-01**

7. Name and Address of Current Registered Agent

Name Corporation Service Company 1350.00 - Adm  
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 61.25 - AR  
Suite, Apt. #, Etc. 88.75 - ARSUO  
City Tallahassee State FL Zip Code 32301

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 *[Signature]* **BRIAN COURTNEY, ASST. V.P.** Date 5/23/01  
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
P/S/D	Denis Cronin	380 Madison Avenue, 24th FL	New York, NY 10017
			100004474401--S -07/13/01--01047--011 ***1500.00 ***1500.00

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)(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]* Denis Cronin, President Date 5/8/01 212-692-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25001 (9/00)