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C.T. CORP. SYSTEM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 20 PM 12:47 STATE OF FLORIDA	
DOCUMENT # 1. Corporation Name Nobart, Inc.		REINSTATEMENT 98-99			
Principal Place of Business 6115 West Fullerton Ave Chicago, IL 60639		Mailing Address 1633 Broadway, New York, NY 10019 1633 Broadway			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida April 10, 1996 5. FEI Number 36-4071064 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
					City/State/Zip
	D		Fred Drasner		450 West 33rd Street New York, NY 10001
	D/Exec VP		Martin D. Krall		450 West 33rd Street New York, NY 10001
	D/Exec VP		Louis Salamone, Jr.		450 West 33rd Street New York, NY 10001
	C/CEO		Marne Oburnauer, Jr.		450 Park Avenue, Suite 2001 New York, NY 10022
	P/COO		John W. Pinzole		6115 Official Road Crystal Lake, IL 60014
	VP/Asst. S.		Nat Buongiglio		450 West 33rd Street NY, NY 10001
	Asst. S.		Bonni L. Kingsley		450 West 33rd St. NY, NY 10001
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
CT Corporation System 1200 Pine Island Rd. Plantation, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.					
Signature of Registered Agent Connie Bryan		CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 5/20/99 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Bonni L. Kingsley		May 19, 1999 (212) 210-6358 Date Daytime Phone #			