

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # F96000001929

99 NOV -3 PM 2: 09

1. Corporation Name
 BISGAYNE SILVER, INC.

Principal Place of Business Mailing Address
 9700 COLLINS AVE 373 PARK AVE S
 BAL HARBOUR FL 33154 NEW YORK NY 10016
 US US



000003046310--3
 -11/16/99--01092--018
 ***150.00 ***150.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/18/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		52-1972294	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$875 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
C	BORLETTI, MAURIZIO	373 PARK AVE. SOUTH	NEW YORK NY
CP	IRAZABAL Y AZQUETA, XAVIER DE	363 PARK AVE. SOUTH	NEW YORK NY
DV	CHAUNU, THIERRY	373 PARK AVE. SOUTH	NEW YORK NY
S	BERNSTEIN, RICHARD K	551 MADISON AVE.	NEW YORK NY 10022
T	MCGOWAN, DAVID	373 PARK AVE. SOUTH	NEW YORK NY
DV	JEAN-MARC GALLOT	373 PARK AVE. SOUTH	NEW YORK, NY 10016

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 528 E. PARK AVE. TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Suzanne M. Rowland, Asst Secy Date: 10-27-99
 REGISTERED AGENT MUST SIGN

11. 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: [Signature] Jean-Marc Gallot Date: 10/22/99 Daytime Phone #: 212-683-4616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christofle

Tel. 212.683.4616

Fax 212.686.1369

BISCAYNE SILVER, INC. is a subsidiary of CHRISTOFLE SILVER, INC.

October 25, 1999

Florida Department of State
Annual Report/Reinstatement Section
P.O. BOX 6327
Tallahassee, FL 32314-6327

RE: FEI # 52-1972294

To Whom It May Concern:

I have just received a Notice of Administrative Dissolution or Revocation. It states that two attempts have been made to notify the corporation that an annual report must be submitted. We have not received either one of those two notifications. I'm not clear as to how this could have happened. I am attaching the reinstatement application with a check for \$150.00. If you have any questions please call me at 212-683-4616 ext. 24.

Thank you,



Charul Desai
Assistant Controller