

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -4 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004106**

1. Corporation Name

Da Capo al Fine, Ltd.

REINSTATEMENT **02-05**

2. Principal Office Address  
81 Stonecrop Lane

3. Mailing Office Address  
81 Stonecrop Lane

Suite, Apt. #, etc.  
PO Box 222

Suite, Apt. #, etc.  
PO Box 222

City & State  
Cold Spring, NY

City & State  
Cold Spring, NY

Zip  
10516

Country  
USA

Zip  
10516

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 08/12/1996

5. FEI Number  
222607017

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  
Howard G. Seitz

Street Address (P.O. Box Number is Not Acceptable)  
11392 Turtle Beach Road

Suite, Apt. #, Etc.

City  
Lost Tree Village, North Palm Beach

State  
FL

Zip Code  
33408

**400054727624**  
05/18/05--01023--003 \*\*608.75

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

*Howard G. Seitz*  
REGISTERED AGENT MUST SIGN

Date

**4/29/05**

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
PDC	Francis H. Cabot	81 Stonecrop Lane	Cold Spring, NY 10516
T	Margaret Gordon	81 Stonecrop Lane	Cold Spring, NY 10516
VSD	Howard G. Seitz	11392 Turtle Beach Road	Lost Tree Village, FL 33408
D	F. Colin Cabot	7097 Sanborn Road	Loudon, NH 03301

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:

*Howard G. Seitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/05 (212) 818-9200**

Daytime Phone #

CR2E081 (01/05)

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SATTERLEE STEPHENS BURKE & BURKE LLP

230 PARK AVENUE

NEW YORK, NY 10169-0079

(212) 818-9200

47 MAPLE STREET  
SUMMIT, NJ 07901  
(908) 277-2221

FAX (212) 818-9606, 9607  
www.ssbb.com

E-Mail: hseitz@ssbb.com  
Direct Dial: (212) 404-8738

April 29, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Da Capo al Fine, Ltd.  
FEI 222607017

Dear Sirs:

I enclose a corporation reinstatement form for the above captioned company.

I am the registered agent for Da Capo and have been from inception. I do not recall receiving any preprinted copy of an annual report form after 2001.

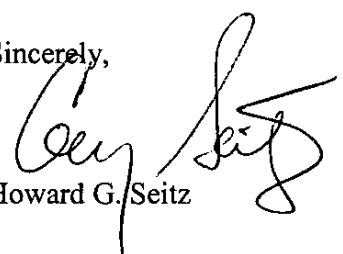
As I understand it, if the agent has not received a preprinted copy of the annual report, Florida may waive the reinstatement fee.

In the anticipation Florida will waive the fee, I enclose our firm check for \$608.75 (4 x \$150 plus \$8.75 for certificate of status).

Please acknowledge receipt on the enclosed copy of this letter.

If you have any questions, please call me.

Sincerely,

  
Howard G. Seitz

HGS/crg  
Enclosure