. PLEASE BEAD	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE rtham State	HLED
DOCUMENT # F9690000 4321 1. Corporation Name			SECISE PART OF STATE TALLATASSEE, FLORIDA
TPC INFORMATION SYSTEMS, INC.			TALLAI MSSEE, PLONIDA
Principal Place of Business Mailing Address 88 PINE ST 88 PINE ST			
NEW YORK, NY 10005 NEW YORK, NY 10005			
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		Date Incorporated or Qualified	
Suite, Apt. #, etc.	pt. #, etc. Suite, Apt. #, etc.		To Do Business in Floriga 06/22/96 5. FEI Number Applied For
City & State	City & State		58-1636502 Not Applicable
Zip Country	Zip Count		CERTIFICATE OF STATUS DESIRED (17 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) Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director			
CD Kleinknecht, Richard P. 88 Pine St. New York, Ny 10005			
D McInerney, Robert J 88 Pine St.			New York, My 10005
D Reach, Brian 88 Pine S		St	New York, Ny 10005
	DEH	Jetate	- ART - 10
	MEST	JIAIC	INIEN 10 98
4			5 12 21-98
8. Name and Address of Current Registered Agent 9. C.T. Coccoord as Sudden.			Name and Address of New Registered Agent
1200 South Pine Tsland Road			O. Box Number is Not Acceptable)
Plantation, FL 33324		Suite, Apt. #, Etc.	-12/29/5801003022 6 ****750.00 ****750.00 State Zip Code 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 Consu Bryan Consil Scrup, Spec. ASST. Secy. Date 12/2/198			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No W (See other side for information on intangible tax.)			
12. 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 reinstalement 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: Brian Keach 179/98 (211) DTO -7809.			