

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



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

01 OCT 16 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F970000001281

Corporation Name **NAPIER ASSOCIATES INC.**

600004661486--7
-10/31/01--01069--015
****750.00 ****750.00

1. Principal Office Address
600 MADISON AVE
Suite, Apt. #, etc.
26th FLOOR

City & State
New York NY
Country
USA
Zip
10022

2. Mailing Office Address
2A FOXHILL RD
Suite, Apt. #, etc.

City & State
CALIFON NJ
Country
USA
Zip
07830

REINSTATEMENT 2001

4. Date incorporated or Qualified To Do Business in Florida **1988**
5. FEI Number **22 2882405**
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
ERIK MORIZIKUS P.A.
Street Address (P.O. Box Number is Not Acceptable)
743 SHAMROCK BLVD
Suite, Apt. #, Etc.
City
VENICE, FLORIDA
State
FL
Zip Code
334293

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

REGISTERED AGENT MUST SIGN

Date **10/11/01**

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NICHOLAS TOMS	600 MADISON AVE	NEW YORK NY 10022
D	WILLIAM HILDEBRAND	2A FOXHILL RD	CALIFON NJ 07830
O	ROBERT MANSCELL	403 BIRCH AVE	MAYONIS FL 33425

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/11/01**
Daytime Phone #