## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

F98000004218

1. Corporation Name

LEHMAN COMMERCIAL GROUP INC.

Principal Place of Business

Mailing Address

3 WORLD FINANCIAL CENTER. 24TH FL NEW YORK NY 10285

3 WORLD FINANCIAL CENTER, 24TH FL

NEW YORK NY 10285

FILED

99 NOV 23 PM 2: 53

SECRETARY OF STATE TALLAHASSEE. FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below						prrection below.				
2 New Principal Office Address, if Applicable 3. New Mailin				og Office Address, if Applicable			Date incorporated or Quelified To Do Business in Floride 07/23/1998			
Suite, Apt. #, etc. Sulte, Apt. #,				ARIMENT, 39TH FLOOR			5. FEt Number Applied			Applied For
City & State City & State										Not Applicable
Zin Country Zip				Country			CERTIFICATE OF STATUS DESIRED			
7. Names and Street Addresses of Each Officer end/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3				City / Starte / Zip		
PD	JANULIS,	300 VESEY STREET, STHIFT- 3 WORLD FINANCIAL CENTER			NEW YORK , NY 10295					
VD	LEONARD, NEAL B			200 VEGEY STREET; STH FL 3 WORLD FINANCIAL CENTE			CENTER	NEW YORK	, MY	10195
٧	MANSON,	3 WORLD FINANCIAL CENTER NEW YORK, NY					10295			
T	SILVERMAN, MARC'A DANIEL O. MINERVA					THE TE	CENTER	NEW YOR IT	K, NY	10265
S	MARRE, JENNIFER			3 WORLD FINANCIAL			CENTER.	NEW YORK IN	K, NY	10285
# #6	EILEE	3 WORLD FINANCIAL CE			CENTER	NEW YORK HA	K, NY	10145		
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY						Name	1. P.O. <u>Bax N</u> umber	-12/10/	'9901	614
1201 HAYS STREET					TO THE REST.		C. C. ANDREO	180	****600.00	
TALLAHASSEE FL 32301-2525						MEH		And the second s		
100003066161 <b>024</b> -12/10/990109017						City			State	dip Code
10. It being appointed the registered control and book hamed corporation with and accept the obligations of Section 607.0606, F.S.										
Signature o Registered		and		1-	F.¥ [	nRff	<del></del>	Date	10/2	21/99

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 filling 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)(1), 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.

REGISTERED AGENT MUST SIGN DAVID N. NICKEUSEN