PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000005961

1. Corporation Name

LAI WARD HOWELL, INC.

Principal Place of Business

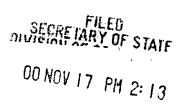
Mailing Address

3903 NORTHDALE BLVD., STE. 200E

3903 NORTHDALE BLVD., STE. 200E

TAMPA FL 33624

TAMPA FL 33624





If above a	ddresses are i	ncorrect in any v	vay, line through inco	orrect inf	ormation a	nd enter c	orrection:below.	REINS	TATEMENT	ľ <i>O/</i>)	
New Principal Office Address, If Applicable 3. New Maili					ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/27/1998			
Suite, Apt. #, etc. Suite, Apt. #, 3.9					etc. FLOOR			<u> </u>		Applied For	
City & State City & State					SYORK, NY			13-1785231 Not Applicable			
Zip Country Zip			Country				6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required				
100					To a certificate of orallas					or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Street Address of Each											
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3				City / State / Zip		
С	PEARSON, ROBERT L				1601 ELM ST., STE. 4150				DALLAS TX 75201		
DV	WISSMAN, JACK P				3903 NORTHDALE BLVD., STE. 200E			200E	TAMPA FL 33624		
DST	ALBRIGHT, PHILIP R				3903 NORTHDALE BLVD., STE. 200E			200E	TAMPA FL 33624		
Dhq	MCDONNELL, PATRICKI OLESHY CILY I, MYRON				-225 WEST WACKER DR., STE 2100 - 622 THIRD ANE 39 FL				CHICAGO IL 60808- NE WORLE, NY 10017		
Q	TREACY JAMES				622 THIRD ANS 39 FL				NEW YORK	F1001 PW,	
D	CATA	622 THIRD ANE, 39 FL NEW YORK, NY 1001					F1001 YU				
Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
							Name				
ALBRIGHT, PHILLIP R					Street Address (P.C			P.O. Box Number	O. Box Number is Not Acceptable)		
3903 NORTHDALE BLVD STE 200E						Suite, Apt. #, Etc. 5000348778947					
TAMPA FL 33624								ا الت. 	-12/05/0001074*004		
111111 11 1 4 444 T					City				****758. State 758. 75		
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 REGISTERED AGENT MUST SIGN Date 11/14/60											
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											

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:



11/14/00

Date

Daytime Phone #