

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

**3903 NORTHALE BLVD., STE. 200E
TAMPA FL 33624**

Mailing Address

**622 THIRD AVENUE
38 FLOOR
NEW YORK NY 10017**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**TAX DEPARTMENT
622 THIRD AVE, 38 FL
NEW YORK, NY
10017**

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1998

5. FEI Number

13-1785231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
G	PEARSON, ROBERT L	1801 ELM ST., STE. 4150	DALLAS TX 75201
DV	WISSMAN, JACK P	3903 NORTHALE BLVD., STE. 200E	TAMPA FL 33624
DST VP	ALBRIGHT, PHILIP R HARRINGTON, PATRICK	3903 NORTHALE BLVD., STE. 200E 622 THIRD AVE, 38 FL	TAMPA FL 33624 NEW YORK, NY 10017
D & P	OLESNYCKYJ, BYRON	622 THIRD AVE, 39 FL	NEW YORK NY 10017
DP	TREACY, JAMES	622 THIRD AVE 39 FL	NEW YORK NY 10017
DCE O	CATALANE, BART ANDREW MCKELVEY	622 THIRD AVE, 39 FL	NEW YORK NY 10017

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALBRIGHT, PHILIP R 3903 NORTHALE BLVD STE 200E TAMPA FL 33624	Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301
--	--

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

Brian Courtney
as its agent

Date

11-21-01

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:

Patrick Harrington

PATRICK HARRINGTON - VP TAX

Date

Daytime Phone #

11/20/01 (202) 351-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR