

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 DEC 20 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9800006428

1. Corporation Name *Oraline Inc*

300004743293--2
-12/28/01--01082--024
*****150.00 ****150.00*

2. Principal Office Address

823 NYS Rt 13

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 589

Suite, Apt. #, etc.

REINSTATEMENT *00-01*

City & State
Cortland NY

Zip
13045

Country
US

City & State
Cortland NY

Zip
13045

Country
US

4. Date Incorporated or Qualified To Do Business in Florida *11-24-98*

5. FEI Number
16-1535656

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 75 Additional fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
Corporate Access Inc

Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Ave

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32303

8. 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
[Signature]

Date *12/14/01*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<i>Andrew Turco</i>	<i>175 Florida Rd</i>	<i>Somers CT 06071</i>
VP	<i>Roy Suskind</i>	<i>7026 Glen Haven Rd</i>	<i>Homer NY 13077</i>
Treas	<i>Floyd Moon</i>	<i>1718 Clark Hollow Rd</i>	<i>LaFayette NY 13084</i>

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-12/28/01--01082--025
*****758.75 ****758.75*

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-01
Date
607-756-9913
Daytime Phone #

CORPORATION (18/98)