CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 12: 18

SECRETARY OF STATE TALLIANDASSEE, PLOREDA

DOCUMENT # F98000006934

1. Corporation Name

Micro Modeling Associates, Inc.

	al Office Addr coadway	ess	3. Mailing O c/o Clem PO Box 1	3. Mailing Office Address c/o .Clemente Mueller & Tobia; PO 'Box 11296',W-218 Ridgedale Av Suite, Apt. #, etc.				ATS	TEM	FAI	T ()(119	
			Suite, Apt. #,	Suite, Apt. #, etc.									
14th Floor							4. Date Incorporated or Qualified To Do Business in Florida 12/21/1998						
City.& State			,	City & State			5. FEI Number					plied For	
New York, NY			Morrist	Morristown, NJ 07 30-1006			13-3548968			<u>-</u>	t Applicable		
Zip	Zip Country		Zip	Country			6			- 6357	and the second		
10006 USA			07962-1	2-1296 USA			CERTIFICATE OF STATUS DESIRED Consumer						
7. Name and Address of Current Registered Agent													
	1	T Corporation		<u> </u>		81	80000316 -03/08/00			508 110141	-3		
	Pi -	dress (P.O. Box Number i 200 South Pin		• •					****900.			H	
	Suite, Apt. #, Etc.										-		
	City P.3	lantation						State FL	Zip Code 3332	24			
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 SPECIAL ASSISTANT SECRETARY Date 2/25/2006													
9. Names	and Street A	ddresses of Each Officer	and/or Director (Flo	orida nonpro	fit corporations m	ust list at lea	ast 3 directors)						
Titles		Name of Officers and/or Direct	ors	Street Address of Each Officer and/or Director				City / State / Zip					
Directo Preside CEO	ent -Ro	nt -Roy GWetterstrom					floor	-New	York, l	NY	10006		
Directo Sr. V.P Treas/\$	r	erek Wetterst	115 I	115 Broadway, 14th F			New	York, l	NY	10006			

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 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)(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:

V.P.

Derek Wetters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Bruce Johnston

David Osborne

Steven Joachim

Bruce Hanson

Derek Wetterstrom, Sr. V.P.

125 High Street, Suite 2500

115 Broadway, 14th Floor

115 Broadway, 14th Floor

115 Broadway, 14th Floor

02/24/00

Boston, MA

New York, NY

New York, NY

New York, NY

212-233-9890

Daytime Phone #

02110

10006

10006

10006

CR2E081 (9/99)