
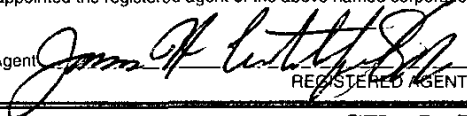
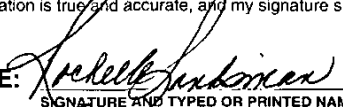


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <div style="display: inline-block; text-align: left;">CORPORATION REINSTATEMENT</div> <div style="display: inline-block; text-align: right;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div>		<div style="font-size: 24pt; font-weight: bold;">FILED</div> <div style="font-size: 18pt;">00 DEC -1 PM 11: 35</div> <div style="font-size: 14pt;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
DOCUMENT # F99000004143			
1. Corporation Name KLD Associates, Inc.			
2. Principal Office Address 300 Broadway Court Suite, Apt. #, etc.		3. Mailing Office Address 300 Broadway Suite, Apt. #, etc.	
City & State Huntington Station, NY		City & State Huntington Station, NY	
Zip 11746	Country U.S.A.	Zip 11746	Country U.S.A.
		4. Date Incorporated or Qualified To Do Business in Florida 8/9/99	
		5. FEI Number 11-2233459	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Dr. James Crutchfield			
Street Address (P.O. Box Number is Not Acceptable) 1020 Pinehurst Court			
Suite, Apt. #, Etc.			
City Oviedo		State FL	Zip Code 32765
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 		Date Oct 31, 2000	
<small>REGISTERED AGENT MUST SIGN</small>			
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
P/T	Edward Lieberman	300 Broadway	Huntington Sta., NY 11746
S	Rochelle Landsman	300 Broadway	Huntington Sta., NY 11746
D	Barbara Andrews	300 Broadway	Huntington Sta., NY 11746
D	Reuben Goldblatt	300 Broadway	Huntington Sta., NY 11746
D	Mark Yedlin	300 Broadway	Huntington Sta., NY 11746
KE			
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: 		Date 10/26/00	Daytime Phone # (631) 549-9803
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			