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2	استثري -	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

O.
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CORP	ORATION
EINO	TATEMENS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# G360

1. Corporation Name

CLIPPER CONSULTING CORPORATION

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

200004733272--9 -12/19/01--01065--018 ****158.75 *****159.75

2. Principal Office Address リゴン レン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン	LANE ONE	ice Address JDA SUAZO ROCKEFELLER PLAZ
Suite, Apt. #, etc.	Suite, Apt. #, et	
Suite 173	1 1	120
City & State	City & State	
ft. Landerdale,	FL ~	ew YORK, NY
Zip Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	1/27	1983
5. FEI Number		Applied For
18-15177	52 🛚	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Addi	ional Fee requir

33316 16 10020 USA CERTIFICATE OF STATUS DESIRED 1 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
C/O CT Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State

Zip Code
33324

8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature o Registered		Jonathan P., Giddings Assistant Secretary ENT MUST SIGN	Date		
9. Names	and Street Addresses of Each Officer and/or Director (Flo	orida 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		
D'c'	John K. Goodnich	One hockeyeller Plazar Suite 2420	N.y., N. y. 10020		
D	Henry W. Grady	One Rockefeller Plaza Suite 2420	المرام ال		
<i>i</i>)	Eli G. Chatzinoff	luci l	Rockville Centre, Ny 11570		
\mathcal{Y}	Charles J. Rodriguez	38-12 213 th st.	Bayside, wy 11361		
)	John L. Cody	46 Summit Ave.	Bronxville, Lyiotos		
1	Milinda M. Suazo	One Rockefeller Plaza	Ny, Ny 10020		

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:				
	SIC	MA	TIE	DE.

	· ' ' (Tue	_	
SIGNATURE AND TYPED OR	PRINTED N	ME OF SIGNI	G OFFICER C	R DIRECTOR

11 7 01 (2.2)218-492

Date

Daytime Phone #

CR2E081 (9/00)

Clipper Consulting Corporation

Additional Officer:

Title Name \mathbf{S} JoAnne Kane

Street Address
One Rockefeller Plaza, Suite 2420
New York, NY 10020

Clipper Consulting Corporation
S. OCEAN LANE, SUITE 173
TEL: (954) 523-7757

1551 S. OCEAN LANE, SUITE 173 FT. LAUDERDALE, FL 33316 SON

November 7, 2001

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Clipper Consulting Corporation FEI Number 58-1517752

Dear Sir/Madam:

Enclosed please find the Corporate Reinstatement for Clipper Consulting Corporation and the original filing fee of \$150.00 and \$8.75 for Certificate of Status.

We **did not** received the 2001 Uniform Business Report. We also had the same problems in 1999 and 2000. Mr. Matt Andrews from your office instructed me to send in the Reinstatement with the original filing fee, as we did not received the Report.

Please note that the mailing address is as follows:

Clipper Consulting Corporation C/o Milinda Suazo One Rockefeller Plaza, Suite 2420 New York, NY 10020

Should you have additional question, please contact me at (212) 218-4922.

Sincerely,

Milinda M. Suazo

Mila A. Duage

Treasurer