



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H47119			
1. Corporation Name PEGASUS ASSET MANAGEMENT CORP			
2. Principal Office Address 1433 Reynolds Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key West, Fl		City & State	
Zip 33040	Country	Zip	Country

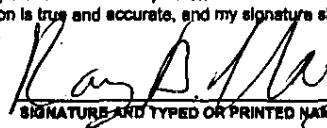
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01 OCT -2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida		3/14/1985
5. FEI Number 112741506	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>		

7. Name and Address of Current Registered Agent		
Name Kay B. Maunsbach		
Street Address (P.O. Box Number is Not Acceptable) 1433 Reynolds St		
Suite, Apt. #, Etc.		
City Key West, Fl.	State FL	Zip Code 33040

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 10/1/01
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
PSD	Kay B. Maunsbach	84 Winding Way	Watermill, NY 11976
VDT	Helen Leeds	84 Winding Way	Watermill, NY 11976

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: 	Kay B. Maunsbach	Date 10/1/01	Daytime Phone # 305-372-0933 ext. 227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



ACCOUNT NO. : 072100000032

REFERENCE : 732307 8894A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 758.75

ORDER DATE : October 2, 2001

ORDER TIME : 11:26 AM

ORDER NO. : 732307-005

CUSTOMER NO: 8894A

CUSTOMER: Hilda Hernandez, Legal Asst
Ritter Ritter & Zaretsky
Suite 101
555 N.e. 15th Street
Miami, FL 33132

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 OCT -2 PM 12:09

RECEIVED

DOMESTIC FILINGS

NAME: PEGASUS ASSET MANAGEMENT CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____