PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY Secretary of State						ATE	FILED				
REIN	ISTATE	WENT		•	y of State ORPORATION	s		U4 MAR -	3 AH (C): 55	
DOCUMENT # LOOOOOO (052-							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	Frenc	h Palm,-LC									
							500029750555 03/03/0401021024 **100.00				
2. Principa	al Office Add	ress	3. Mailing O	Office Address			00/00/04 01021 024 ##100.00				
6643 42nd Terrace N. Suite, Apt. #, etc.			72 N. Village Avenue Suite Apt. #, etc.			nue	4. State/Country of Formation Florida				
Suite, Apt. #	, etc.	·	Suite, Apt. #, 8tc.			5. Date Organized or Qualified To Do Business in Florida 1-28-2000					
City & State			City & State			6. FEI Number Applied For					
West Palm Beach, Fl		Rockville_Centre,_N			_NY	22-3706939 Not Applicable					
^{Zip} 33407	,	USA	Zip 11570		Country		7. CERTIFICATE	OF STATUS DESIRED [3	0300 Add (07805	Moral Rescouled Missississississ	
8. Name and Address of Current Registered Agent											
	Name Moreton D. Erongh. In										
	Morton R. French, Jr. Street Address (P.O. Box Number is Not Acceptable)										
	Street Address (P.O. Box Number is Not Acceptable) 11472 Old Harbour Rd. 501029750555 03/03/04-01021-025 **155.00									55.00	
	Suite, Apt. #, Etc.										
	City State Zip Code										
N. Palm Beach FL 33408											
Signature of Registered Agent Pater Registered Agent Pater Registered Agent Pater Registered Agent Registered Regis											
10. Names and Street Addresses of Managina Members/Managers											
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manage				City / State / Zip			
Pres.	Morton R. French, Jr.			11472 Old Harbour Rd			Rd	N. Palm Bea	ach, l	FL 33408	
VP	Joan F. Ring			187 Euston Rd.			<u></u>	Garden City, NY 11530			
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	PENSTATEMENT 602-04									1	
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Topol F. RING Date 2-18-04 Daytime Phone # 5/6-766-8985 Typed or printed name of signing Managing Member/Manager Topol F. RING											
Typed or printed name of signing Managing Member/Manager											