

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

96 DEC -3 PM 1:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

L08671

1 Corporation Name

Mintel Corporation

Mailing Address

Two Overhill, Suite 420 Scarsdale, New York 10583

Principal Place of Business

Two Overhill Suite 420 Scarsdale, NY 10583

900002019529--4 -12/04/96--01064--024 *****8.75 *****8.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

REINSTATEMENT

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

August 14, 1989

58-1856700

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Benjamin Cohen, John Lehdey, Jeffrey S. Held, John Jehdey, Randal Sroklik, Jeffrey S. Held.

8. Name and Address of Current Registered Agent

c/o Greenberg, Traurig, Hoffman, Lipoff, Rosen & Quentel, P.A., 1221 Brickell Avenue Miami, Florida 33131

8. Name and Address of New Registered Agent

Name, Street Address (P.O. Box Number if Not Applicable), Suite, Apt. #, Etc., City, State, Zip Code. Includes stamp: 900002019529--4 -12/04/96--01064--023 *****375.00 *****375.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.

Signature of Registered Agent, REGISTERED AGENT MUST SIGN, Date 11/27/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation 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: Jeffrey S. Held, Jeffrey S. Held, Date 11/27/96 (aid) 408-2417