

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
MARCH - 1 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L40898**

1. Corporation Name
OROLOGI PAOLO INC.

| | |
|---|---|
| Principal Place of Business 390 FIFTH AVENUE SUITE 500 NEW YORK NY 10018 US | Mailing Address 390 FIFTH AVENUE SUITE 500 NEW YORK NY 10018 US |
|---|---|



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

| | |
|--|--|
| 2. New Principal Office Address, If Applicable 485 Washington Ave Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable 485 Washington Ave Suite, Apt. #, etc. |
| City & State Carlstadt, NJ | City & State Carlstadt NJ |
| Zip 07072 Country USA | Zip 07072 Country USA |

REINSTATEMENT 98.99 ad

4. Date Incorporated or Qualified To Do Business in Florida
01/03/1990

5. FEI Number
65-0249971 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| VP | FELLER, HOWARD | 390 FIFTH AVE., SUITE 500 | NEW YORK NY |
| | | | |
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| | | | |

500002799315-8
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****300.00 ****300.00

| | |
|---|---|
| 8. Name and Address of Current Registered Agent TODOROFF, JORGE (CPA) 9360 SUNSET DR SUITE 212 MIAMI FL 33173 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code |
|---|---|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *J. Todoroff* REGISTERED AGENT MUST SIGN Date 2/8/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Howard J. Feller* 2/4/99 (312) 244-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Howard J. Feller

CR2E040 (9/98)