

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 AM 10:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003420
Name and Mailing Address

0014877 01 AB 0.301 **AUTO H5 0 0615 10022-760428



DORNA USA, LLC
800 THIRD AVENUE, 28TH FLOOR
NEW YORK NY 10022-7604



CR2EC94 (7/03)

2. New Mailing Address		4. State/Country of Formation NY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
Principal Place of Business 800 THIRD AVENUE, 28TH FLOOR NEW YORK NY 10022	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-4063531	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **REGISTERED AGENT MUST SIGN** *[Signature]* **11/29/03**

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCHAPS, RICHARD	800 THIRD AVENUE, 28TH FLOOR	NEW YORK NY 10022

REINSTATEMENT *2003*

12. 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 filing 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 *[Signature]* **SIGNATURE REQUIRED** Date *11/25/03* Daytime Phone # *(212) 699-8400*

Typed or printed name of signing Managing Member/Manager **RICHARD SCHAPS**