

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|---------------------|
| DOCUMENT # P00000096720 | | | |
| 1. Corporation Name ROSS CAPITAL MANAGEMENT CORPORATION | | | |
| Principal Place of Business 2875 SOUTH OCEAN BOULEVARD #212 PALM BEACH FL 33480 | | Mailing Address 2875 SOUTH OCEAN BOULEVARD #212 PALM BEACH FL 33480 | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. Date Incorporated or Qualified To Do Business in Florida 10/13/2000 | | 5. FEI Number 65-1049282 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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) | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| D | ROSS, ROBERT | 2875 SOUTH OCEAN BOULEVARD #212 | PALM BEACH FL 33480 |
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| | | | |
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| SAUERBERG, ERIC M ESQ. 712 U.S. HIGHWAY ONE SUITE 400 NORTH PALM BEACH FL 33408 | | Name Street Address (P.O. Box Number is Not Acceptable) 200 Village Square Crossing Suite 102 Suite, Apt. #, Etc. 102 City Palm Beach Gardens State FL Zip Code 33410 | |
| 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 [Signature] REGISTERED AGENT MUST SIGN | | Date 10-24-01 | |
| 11. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 10-23-01 Daytime Phone # | |

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DIVISION OF CORPORATIONS
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[Signature]

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ROSS CAPITAL MANAGEMENT CORPORATION
2875 South Ocean Blvd.
Suite 212
Palm Beach, Fl. 33480

October 23, 2001

Florida Department of State

Dear Sir:

Enclosed are the application for reinstatement form and a check for \$150.00.

Also enclosed you will find a copy of my letter dated October 18, 2001 and the incorrect form I had previously submitted.

Very Truly yours,

A handwritten signature in dark ink, appearing to read "Robert Ross", is written over a horizontal dashed line.

Dr. Robert Ross