

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000072911

1. Corporation Name

DM Acquisition Corp.

600043220246
12/06/04--01062--014 **8.75

600043220246
12/06/04--01062--013 **750.00

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

July 1, 2003

5. FEI Number

20-0645468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

NRAI Services, Inc.

Signature of

Registered Agent

by: Robert C. Nolt

REGISTERED AGENT MUST SIGN

Date

12/1/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>Jeffrey Koffman</u>	<u>300 Plaza Drive</u>	<u>Vestal, NY 13850</u>
<u>VP-Sec.</u>	<u>David Koffman</u>	<u>300 Plaza Drive</u>	<u>Vestal, NY 13850</u>
<u>VP-Treas.</u>	<u>Robert C. Nolt</u>	<u>300 Plaza Drive</u>	<u>Vestal, NY 13850</u>
<u>VP-Asst. Sec.</u>	<u>Howard Rittberg</u>	<u>450 Plaza Drive</u>	<u>Vestal, NY 13850</u>

10. 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:

Robert C. Nolt Robert C. Nolt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)