


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 97 JAN 27 AM 9:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # P07413
 1. Corporation Name
 DECO MANAGERS, INC.

Principal Place of Business 40 MARTIN MAJOR 152 W 57 STREET NEW YORK, NY 10019	Mailing Address 40 MARTIN MAJOR 152 W 57 STREET NEW YORK, NY 10019
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REINSTATEMENT 10-97

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 Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 09/13/85

5. FEI Number 13-3240037 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VSD	MALMAN, ARTHUR	152 W. 57 STREET	NEW YORK, NY
VAS	GROSS, SAUL	1125 WASHINGTON AVE	MIAMI BEACH, FL
VDT	MAJOR, MARTIN	152 W 57 STREET	NEW YORK, NY
			700002073847--5 -01/30/97--01069--004 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

GROSS, SAUL
 c/o STRUCTURE PROPERTIES
 1125 WASHINGTON AVENUE
 MIAMI BEACH FL 33139

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: Saul K. Gross Date: 01.22.97
 REGISTERED AGENT MUST SIGN

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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: Saul K. Gross, V.P. SAUL K. GROSS, VP 1/22/97 (305)532-7368
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRE-040 (1/2/95)