

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>AND FILED</p> <p>1997 AUG 11 PM 4: 27</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>400002265174--5 -08/12/97--01094--007 ***1088.75 ***1088.75</p> <p>REINSTATEMENT</p>
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DOCUMENT # P11212

1. Corporation Name
214-218 Worth Avenue, Inc.

Principal Place of Business
c/o Delaware Trust Capital Management Inc.
900 Market Street
Suite 200
Wilmington, Delaware 19801

Mailing Address
W97-18273

DO NOT WRITE IN THIS SPACE

400002265174--5
-08/12/97--01094--007
***1088.75 ***1088.75

REINSTATEMENT

9/11/97

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

4. Date Incorporated or Qualified To Do Business In Florida		May 6, 1986	
5. FEI Number		51-0294690	
		Applied For	
		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 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
COB/D	Rodney K. Pollard	Royal London House 27 Middleborough	Colchester, Essex CO1 1RA England
D	Murray J. Ross	Royal London House 27 Middleborough	Colchester, Essex CO1 1RA England
SD	James C. Colihan	c/o Coudert Brothers 1114 Avenue of the Americas	New York, New York 10036-7703
D	Philip J. Power	Emigrant Savings Bank 5 East 42nd Street	New York, New York 10017
AS/D	Michael N. Creamer	Cushman & Wakefield/ Healy & Baker 51 West 52nd Street	New York, New York 10019-6178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		Katharine Christy	
Street Address (P.O. Box Number is Not Acceptable)			
250 International Parkway			
Suite, Apt. #, Etc.			
Suite 230			
City	Heathrow	State	FL
		Zip Code	32746

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: *Katharine Christy* REGISTERED AGENT MUST SIGN

Date: 8/6/97

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: Michael Creamer: M N CREAMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: AUG 597

Daytime Phone #: 212 841 5052

CR2E040 (12/95)