


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> <p>DO NOT WRITE IN THIS SPACE</p> |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # P11212

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

Principal Place of Business Mailing Address
 900 Market Street
 Suite 200
 Wilmington, Delaware 19801

W97-18273

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

6. CERTIFICATE OF STATUS DESIRED 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 DAYTIME PHONE # 212 841 5052