

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P11212**

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

Principal Place of Business Mailing Address
 300 Delaware Avenue
 Suite 900
 Wilmington, DE 19801

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 c/o Cover + Rossiter, P.A.
 Suite, Apt. #, etc. Montchanin Mills Bldg.
 Rts 100 + Rockland Rds. St. A
 City & State
 Zip Country

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-09

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number
 51-0294690
 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)

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
Pres/Sec	James C. Colihan	1114 Avenue of the Americas	New York, NY 10036
Treas	Murray J. Ross	Middleborough	England, CO1, 1RA

8. Name and Address of Current Registered Agent

KATHERINE CHRISTY
 250 INTERNATIONAL PARKWAY
 STE 230
 HEATHROW, FLORIDA 32146

9. Name and Address of New Registered Agent

Name
 CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 S. PINE ISLAND RD.
 Suite, Apt. #, Etc.
 City
 Plantation
 State
 FL
 Zip Code
 33324

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
 Connie Bryan
 REGISTERED AGENT MUST SIGN
 Date
 11-5-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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: James C. Colihan 9/30/99 212-626-4680
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)