

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 DEC -7 PM 4:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P20398

1. Corporation Name  
 E.N.D. CORPORATION

Principal Place of Business  
 888 S. BROADWAY  
 BALTIMORE MD 21231

Mailing Address  
 93 LENOX RD  
 WAYNE NJ 07470  
 US

REINSTATEMENT 1999

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/08/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		52-1519901	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4. City / State / Zip
PD	ECKENSTEIN MATTHIAS	10 CENTRAL PKWY	STUART FL
<del>VSD</del> D	<del>NAYLOR, RICHARD G.</del> CUMMINGS, DELWIS K	<del>83 LENOX ROAD</del> 1 HANDMARK SQ - STE 1100	<del>WAYNE NJ</del> STAMFORD, CT 06901
			800003071488--7 -12/15/99--01081--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEETSCREEK, DAVID D 1708 ENGLEWOOD AVE LEHIGH FL 33938		Name: DEL BWAKE Street Address (P.O. Box Number is Not Acceptable): ADMIRAL KEHIGH RESORT Suite, Apt. #, Etc.: 225 EAST JOEL BLVD City: LEHIGH ACRES State: FL Zip Code: 33972	

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: *[Signature]* Date: 11-30-99

REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* Date: 11/2/99 Daytime Phone #: 203-358-5728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C202500 (8/99)