PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-02

DOCUMENT # P20481

1. Corporation Name

CKMS INVESTMENT CORP.

2. Principal Office Address	3. Mailing Office Address
26 Columbia Trnpke.	26 Columbia Trnpke.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Florham Park, NJ 07932	City & State: Florham Park, NJ 07932
Zip	Country: US
Zip	Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 222905154 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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***1200.00 ***1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan
REGISTERED AGENT MUST SIGN
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
Date: 5/17/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Charles Kushner	26 Columbia Trnpke.	Florham Park, NJ 07932
Direc.	Charles Kushner	26 Columbia Trnpke	Florham Park, NJ 07932

10. 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 that 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: X [signature] President 5-16-02 (973)822-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 09/18/01 CT System Online