

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUL 20 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 22503

1. Corporation Name

TRANEL INC.

400004537104--0  
-08/16/01--01011--017  
\*\*\*1658.75 \*\*\*1658.75

2. Principal Office Address

40 E. 69th Street

3. Mailing Office Address

40 E. 69th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, New York

City & State

New York, New York

Zip

10021

Country

USA

Zip

10021

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/10/1989

5. FEI Number

13-1790703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary M. Kaleita

Street Address (P.O. Box Number is Not Acceptable)

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

**REINSTATEMENT** 9501  
*[Signature]*

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

*[Signature]*  
Gary M. Kaleita

REGISTERED AGENT MUST SIGN

Date July 17, 2001

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
P	JONATHAN P. ROSEN	40 E. 69th Street	New York, N.Y. 10021
S	IRVING S. BOBROW	40 E. 69th Street	New York, N.Y. 10021

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JONATHAN P. ROSEN, PRESIDENT

07/19/01

Date

Daytime Phone #

CR2E081 (9/99)