

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 26 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23147

1. Corporation Name

Inlere, Inc.

W-2722

2. Principal Office Address

2920 Mayport Road

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32233

Country

Duval

3. Mailing Office Address

100 Church Street

Suite, Apt. #, etc.

14th Fl.

City & State

New York NY

Zip

10007

Country

Manhattan

[Handwritten Signature]

REINSTATEMENT 93-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/1/88

5. FEI Number

13-3463855

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

C T Corporation System

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

1200 S Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

600003802826-6
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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

[Handwritten Signature: Patrick A. Nolan]

Patrick A. Nolan
Assistant Secretary

Date 1/22/2001

REGISTERED AGENT MUST SIGN

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
Dir. & Chmn	I. Hilary Rolih	100 Church St.	New York NY 10007
Dir. & Pres.	Allen Chin	100 Church St.	New York NY 10007
Dir. & VP	Chi-Cheng Yang	100 Church St.	New York NY 10007
Secy	Eileen J. Erlemann	100 Church St.	New York NY 10007
Treas.	Al Seneca	100 Church St.	New York NY 10007

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:

[Handwritten Signature: Al Seneca]

Al Seneca

1/17/01

212-587-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)