


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>95-97</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>APPROVED AND FILED</p> <p>97 APR 17 PM 12:45</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>300002149833--9 -04/21/97--01157--014 ***1088.75 ***1088.75</p>
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DOCUMENT # P24772

1. Corporation Name

Rand Industries, Inc., A New Hampshire Corporation

Principal Place of Business	Mailing Address
43 Hollis Street Nashua, NH 03060	43 Hollis Street Nashua, NH 03060

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 Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/12/89
City & State	City & State	5. FEI Number
Zip	Country	04-2313958
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>As a result of this reinstatement, the corporation will be treated as if it had never been dissolved.</small>

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

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
D/P/ S/T	Morris M. Rand	534 Bontana Avenue	Fort Lauderdale FL 33301

REINSTATEMENT ⁹⁵⁻⁹⁷

A. Schacter
4/17/97

8. Name and Address of Current Registered Agent

Mark S. Schecter
500 Northeast 4th Street
Suite 200
Fort Lauderdale, Florida 33302

9. Name and Address of New Registered Agent

Name: Sheldon Polish
Street Address (P.O. Box Number is Not Acceptable): 515 East Las Olas Boulevard
Suite, Apt. #, Etc.: Suite 1500
City: Fort Lauderdale
State: FL Zip Code: 33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: Sheldon Polish Date: 4-16-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Morris M. Rand Morris M. Rand, President 4/13/97 (603) 881-9661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2000 (12/96)