PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR	MOITA
	111011
REINSTATE	MENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

Citicoip Investment Services

02 NOV 27 AM 8: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address		3. Mailing Office Add		of only	
One Co.	of Square	One Court	Syvare	\mathbf{I} () \mathbf{C} \mathbf{A}	VV
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1		0
aym floor		21th Floor		4. Date Incorporated or Qualified To Do Business in Florida 3 2-1 5	
City & State		City & State		5. FEI Number	
Lung Is	land City	Long Isl	ano City	13 350 2968	Applied For Not Applicable
Zip	Country	Zip	Country	6.	
11120	US	11120	US	CERTIFICATE OF STATUS DESIRED TO PURE	 Additional Fee required r a Certificate of Status
		7. Name and	Address of Current Registe	ered Agent	
Name	CT	Corporation	System		
Street	Address (P.O. Box Number is		ooth Pine	Island Road.	
Suite,	Apt. #, Etc.			80000973216	3:5:
City	Plantution	····		12/30/02 State 1920 - 004 * FL 3532	*150.75

Jonathan R. Gidding Signature of Registered A Assistant Secretar REGISTERED AGENT MUST SIGN 9. Names and Styleet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each .Titles City / State / Zip Officer and/or Director General niels (Junse) Chief Openhon NY 11120 Febelt $\wedge \epsilon \epsilon \sim$ Campliand NY 11120 Durmer 1) recta PiesiDeli NY11120 ΈU סמוו אי 0013

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.

10.1 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date



Citicorp Investment Services

One Court Square 24th Floor Long Island City, NY 11120

11/25/02

Florida Department of State Division of Corporations 409 East Gaines Street The Capitol Building Tallahassee, FL 32399-0350

RE: Corporation Reinstatement FEI# 13-3502968

To whom it may concern:

Please be advised that Citicorp Investment Services did not receive the previous Uniform Business reports.

If you should require any further information regarding the above please feel free to contact Gina Nolan at (718) 248-3763.

Thank you for your cooperation in this matter.

Sincerely,

Christine Durmer

Compliance Director