PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 29 AM 11:20

DOCUMENT # **P40679**

1. Corporation Name

CITICORP INTERNATIONAL COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1919 PARK AVE WEECHAUKEN NJ 07087 US	1919 PARK AVE., 5TH FL WEEHAWKEN NJ 07087

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/1992

5. FEI Number: 13-3108991 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
P	BELEW, BILL	3851 QUEEN PALM DR. G3-01	TAMPA FL 33610
S	NIEHOFF, EDWARD	909 THIRD AVENUE	NEW YORK NY 10043
T	~~HOPPE, JAMES~~ Foster, Paitity	~~1919 PARK AVENUE, 5TH FLOOR~~	WEEHAWKEN NJ 07087
VP	~~KNAPP, KENNETH~~ STIGLANESE, MIKE	~~11600 TECH ROAD~~ 399 PARK AVE	~~SILVER SPRINGS MD 20904~~ NEW YORK NY. 10043
D	BEVACQUA, FRANK	1919 PARK AVENUE, 5TH FLOOR	WEEHAWKEN NJ 07087
VP	~~MORRISON, DAVID~~ Keavney, Luke	~~909 THIRD AVE.~~ 68 Molesworth Street	~~NEW YORK NY 10043~~ London, SE13 7EU

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

COR0604721246--3
-12/12/01--01081--007
****750.00 ****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11/1/01

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 10/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #