
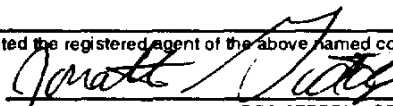
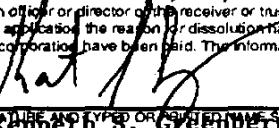


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 MAY 11 PM 1:47 DIVISION OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000012949 1. Corporation Name 5600 Collins Corp.					
Principal Place of Business		Mailing Address			
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	
		206 Danbury Road		3/2/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0418461	
City & State		City & State		Applied For	
		Wilton, CT		Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
		06897			
Country		Country			
		Fairfield			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
Director and Pres.	Kenneth S. Greenberg	1266 E. Main Street	Stamford, CT 06902		
Director and VP	Noah Mallin	110 East 59th Street	New York, NY 10022		
Director and Treas.	Scott C. Dunn	206 Danbury Road	Wilton, CT 06897		
Secretary	Dali Masud	110 East 59th Street	New York, NY 10022		
		100002875011-4			
		-05714799--01010--021			
		****900 00 ****900 00			
REINSTATEMENT 98-99					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name		
			CT Corporation System		
			Street Address (P.O. Box Number is Not Applicable)		
			1200 South Pine Island Road		
			Suite, Apt. #, Etc.		
			100002875011-4		
			-05714799--01010--021		
			City		
			Plantation		
			**** FL 33524 ****		
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		Jonathan R. Giddings		Date	
		Assistant Secretary		5/10/99	
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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:		Kenneth S. Greenberg		Date	
		President and Director		5/6/99	
				Daytime Phone #	
				1-203-359-0722	