PLĘASE READ A	TE INSTRUCTIONS	S BEFORE CON	n ee into into i oi	11411
, APPLICATION	FLORIDA DEPARTME	NT OF STATE		•
FOR	Sandra B. Mo	1	PLOT 18TO	
REINSTATEMENT	Secretary of		FILED	(1)
	DIVISION OF CORPO	ORATIONS	07140U Lm 09	0.10
DOCUMENT # P93000	062299		97 KOV 17 PM	
BRIGHTWORKS INDUSTRIES, IN	VC		SECRETARY OF TALLMINGSER, FR	SIME
Briditivorito indoctrico, il	10.		MULA Maturi , H	Unita
Principal Place of Business	Malling Address			
600 MAIN ST TONAWANDA NY 14150-9723	600 MAIN ST TONAWANDA NY 14150-3723			
US 14130-5125	US 17 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18			
		}		
If above addresses are incorrect in any way, line through			DO NOT WRITE IN TH	HIS SPACE
529 Colvin Blvd.	New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  SAME		Date Incorporated or Qualified To Do Business in Florida	09/07/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. 1	FEI Number	Applied For
	City & State		16-1446387	Not Applicable
Buffalo, NY Zip Country	Zip Coun	otry 6.	CERTIFICATE OF CTATHE DECIDED [	\$8.75 Additional Fee required
14216 Country Erie			CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Name of Officers				
Title(s) and/or Directors	3 (Do NOT	street Address of Each Officer and/or Director Use Post Office Box Numbe	city 4	y / State / Zip
P GORDON, DAVID M	600 MAIN ST		TONAWANDA NY	
	1			
		-01		
DEINGT	ATFMENT 5	-97		
REINST	atement <sup>95</sup>	-97		
REINST	ATEMENT <sup>25</sup>	/	00000234	186806
REINST	ATEMENT <sup>25</sup>	<u>-97</u> 1-17-97	00000234	e6806
REINST	ATEMENT <sup>25</sup>	/		· · · · · · · · · · · · · · · · · ·
REINST	ATEMENT <sup>25</sup>	/		· · · · · · · · · · · · · · · · · ·
REINST	ATEMENT <sup>25</sup>	/		11-17-97
REINST  8. Name and Address of Current Re		11-17-97		11-17-97
8. Name and Address of Current Re		11-17-97	5c	11-17-97
8. Name and Address of Current Re CORPORATION SERVICE COMPANY		8L 11-12-97 11-12-97 Name	5c	11-17-97
8. Name and Address of Current Re		8L 11-12-97 11-12-97 Name	Jame and Address of New Registe	11-17-97
8. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST		9. Name Street Address (P.O. B. Suite, Apt. #, Etc.	Jame and Address of New Registe ox Number is Not Acceptable)	//-/7-97 ored Agent
6. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301	egistered Agent	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City	Jame and Address of New Registe	//-/7-97 ered Agent
6. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301	e named corporation, am familiar	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City with and accept the obligation	Jame and Address of New Registe	//-/7-97 ored Agent
6. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301	e named corporation, am familiar	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City with and accept the obligation	Jame and Address of New Register  ox Number is Not Acceptable)  ons of Section 607.0505, F.S.	//-/7-97 ored Agent
8. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301	e named corporation, am familiar	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City with and accept the obligation	Jame and Address of New Registe	//-/7-97 ored Agent
6. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301  10. I, being appointed the registered agent of the above Signature of Registered Agent Agent Agent File G	e named corporation, am familiar of the DAGENT MUST SIGN	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City with and accept the obligation	Jame and Address of New Register ox Number is Not Acceptable) ons of Section 607.0505, F.S. Date/(-/7-5)	//-/7-97 pred Agent  State   Zip Code  FL   7
8. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301  10. I, being appointed the registered agent of the above Signature of Registered Agent Auction Agent File G	e named corporation, am familiar of the DAGENT MUST SIGN	9. Name Street Address (P.O. Bostie, Apt. #, Etc. City with and accept the obligations (Sufficiently) (3) tax exempts	Jame and Address of New Register ox Number is Not Acceptable) ons of Section 607.0505, F.S. Date/(-/7-5)	//-/7-97 pred Agent  State   Zip Code  FL   7
6. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301  10. I, being appointed the registered agent of the above Signature of Registered Agent Agent Agent File G	e named corporation, am familiar of the DAGENT MUST SIGN of the With I.R.S. 501 (convention) and the corporation of the corpora	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City with and accept the obligation Suite (S)(3) tax exempt so	Jame and Address of New Register ox Number is Not Acceptable) ons of Section 607.0505, F.S.  Date _/(-/7-5) Status, check this box	//-/7-97 pred Agent  State   Zip Code  FL   7
8. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301  10. I, being appointed the registered agent of the above Signature of Registered Agent Agent Agent File G  11. If this corporation is a non-pro 12. Does this corporation pay ar Dept. of Revenue under S. 1  13. I do hereby certify that the information supplied with	e named corporation, am familiar of the DAGENT MUST SIGN of the With I.R.S. 501 (con y intangible tax to the 199.032, Florida State of this filing is voluntarily furnished.	9. Name Street Address (P.O. B. Suite, Apt. #, Etc. City with and accept the obligation (3) tax exempt so the stutes. Yes	Jame and Address of New Register  ox Number is Not Acceptable)  ons of Section 607.0505, F.S.  Date _/(-/7-5)  Status, check this box  No	State   Zip Code   Zip
8. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301  10. I, being appointed the registered agent of the above Signature of Registered Agent Agent Agent Agent Agent Agent Agent 11. If this corporation is a non-pro 12. Does this corporation pay ar Dept. of Revenue under S. 1  13. I do hereby certify that the information supplied with lease the Division of Corporations from any liability certify that I am an officer or director or the receive this reinstatument application the research of dissolutions.	e named corporation, am familiar of the corporation	Name Street Address (P.O. Br. Suite, Apt. #, Etc. City  with and accept the obligation (S) (3) tax exempt so the and does not qualify for the 119.07(3)(k) in the event that the this application as provide the proported pages satisfies the	Anne and Address of New Register  ex Number is Not Acceptable)  ons of Section 607.0505, F.S.  Date _/(-/7-5)  Status, Check this box  (See other on on the company of section 119.6  It the information supplied is deemed for in chapter 607 or 617, F.S. 148.1  Transferences of section 607 046.1	State   Zip Code   Zip
8. Name and Address of Current Re CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301  10. I, being appointed the registered agent of the above Signature of Registered Agent Ag	e named corporation, am familiar of the corporation	Name Street Address (P.O. Br. Suite, Apt. #, Etc. City  with and accept the obligation (S) (3) tax exempt so the stutes. Yes d and does not qualify for the 119.07(3)(k) in the event that the this application as provice proporate name satisfies the plication is true and accura	Anne and Address of New Register  ex Number is Not Acceptable)  ons of Section 607.0505, F.S.  Date _/(-/7-5)  Status, Check this box  (See other on on the company of section 119.6  It the information supplied is deemed for in chapter 607 or 617, F.S. 148.1  Transferences of section 607 046.1	State   Zip Code   Zip
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ACCOUNT	NO		072100000032	,
ACCOUNT	IVO.	•	0/2100000002	

REFERENCE: 602011 106834A

1.75

AUTHORIZATION :

COST LIMIT : \$ 1088.75

ORDER DATE: November 14, 1997

ORDER TIME: 10:14 AM

ORDER NO. : 602011-005

CUSTOMER NO: 106834A

CUSTOMER: Mr. Murray J. Grashow

Mr. Murray J. Grashow 5780 Main Street

Williamsville, NY 14221

## DOMESTIC FILINGS

NAME: BRIGHTWORKS INDUSTRIES, INC.

XX REINSTATEMENT	97
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  XX CERTIFICATE OF GOOD STANDING	17 MIN: CD
CONTACT PERSON: Carina L. Dunlan	<b>α</b>

EXAMINER'S INITIALS \_\_\_\_\_