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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 JUN 26 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P93000075360</u>			
1. Corporation Name <u>USA-UPTEKA INTERNATIONAL, INC.</u>			
Principal Place of Business		Mailing Address	
<u>730 FIFTH AVE., SUITE 1906</u>		<u>NEW YORK, NY 10019</u>	
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 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 <u>NOV. 1, 1993</u>	
5. FEI Number <u>58-2743104</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
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
DIRECTOR	LEN BLAVATNIK	730 FIFTH AVE	NEW YORK, NY 10019
VP	STACY SIMIELE	730 FIFTH AVE SUITE 1906	NEW YORK, NY 10019
VP	RICHARD KOMENDERA	730 FIFTH AVE SUITE 1906	NEW YORK, NY 10019
			800002224338-2
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BRYAN L. PUTNAL 1800 FIRST UNION NATIONAL Bank Tower 225 WATER STREET JACKSONVILLE, FL 32202		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS STREET</u> Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	
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 <u>Jane S. Kray</u>		Jane S. Kray/Authorized Rep Date <u>6/25/97</u>	
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 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)(b), 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: <u>Len Blavatnik</u>		Date <u>6/23/97</u>	Daytime Phone # <u>(212)247-6400</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR204311256

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ACCOUNT NO. : 072100000032

REFERENCE : 439684 5012771

AUTHORIZATION :

Patricia Pappas

COST LIMIT : \$ 1,020.00

ORDER DATE : June 24, 1997

ORDER TIME : 11:04 AM

ORDER NO. : 439684-005

CUSTOMER NO: 5012771

CUSTOMER: Ms. Mira Tkachman
Access Industries, Inc.
730 Fifth Ave.
Suite 1906
New York, NY 10019

DOMESTIC FILINGS

NAME: USA-UPTEKA INTERNATIONAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (TWO) CERTIFIED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS

JB

6-26-97

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DIVISION OF CORPORATION