

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR -3 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040223

1. Corporation Name
765-767 AVENUE OF THE AMERICAS CORP

2. Principal Office Address

4112 CASE

Suite, Apt. #, etc.

City & State

HOUSTON, TX

Zip

77005

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 5/22/95

5. FEI Number
65-0600328

Applied For

Not Applicable

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

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

ROY S. TEDESCO Daniel M. Landis

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

980 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

302

City

BOCA RATON

State

FL

Zip Code

33432

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/24/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	STEVEN KANE	4112 CASE	HOUSTON, TX 77005
V/S/D	JANET WRIGHT	38 OLD MILL ROAD.	CHAPPAQUA, NY 10514

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03/03/03--01069--013 **1350.00

10. 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:

STEVEN KANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/02 713.660.7684

Daytime Phone #

CR2E081 (9/00)