

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -9 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-2002

DOCUMENT # 95000052544
1. Corporation Name Mockingbird Lane, Inc.

2. Principal Office Address <u>7233 Ayrshire Lane</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>One Ames Ct.</u> Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State <u>Plainview NY</u>	
Zip <u>33496</u>	Country <u>USA</u>	Zip <u>11803</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>6/30/95</u>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>Renee Getlan</u>		<u>200005449892--6</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7233 Ayrshire Lane</u>		<u>-05/03/02--01052--028</u> <u>***1858.75 ***1858.75</u>	
Suite, Apt. #, Etc.			
City <u>Boca Raton</u>	State <u>FL</u>	Zip Code <u>33496</u>	

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 Renee Getlan Date 4/5/02
REGISTERED AGENT MUST SIGN

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
Sec. / Tr.	Robin Pancer	26 Rolling Drive	Brookville, NY 11545
Pres.	Jeffrey Pancer	26 Rolling Drive	Brookville, NY 11545
VP.	Marvin Getlan	7233 Ayrshire Lane	Boca Raton, FL 33496

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: [Signature] Date 4/5/02 (516) 626-1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #