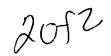
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	FILED 03 JAN 29 PM 5: 15 SECRETARY OF STATE		
1. Corporati	IMENT # p9700000 ion Name CER INVESTMENT GROU			TALLAHASSEE, FLOREN		
				ENSTATEMENT		
2. Principal	Office Address	3. Mailing C	Office Address	Empedies and a constant		
1475	West Gateway Boulev	ard 630 Th	ird Avenue	7/202		
Suite, Apt. #,	, etc.	Suite, Apt. #,	etc.	4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State		01/09/1997 5. FEI Number Applied For		
Boynt	on Beach, Florida	New Yo	rk, New York	133946603 Not Applicable		
Žip	Country	Zip ,	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Contilinate of Status		
33426	USA	10017	USA Name and Address of Current Regi	ibi a certificate of otalics		
8. I, being Signature of		nber is Not Acceptable) lian Street		400011198704 State Zip Code 32301 the obligations of section 607.0505 or 617.0503, F.S. -29-05		
Registered /	Agent	REGISTERED A	GENT MUST SIGN			
9. Names	and Street Addresses of Each O	fficer and/or Director (F	lorida nonprofit corporations must list	at least 3 directors)		
Titles	Name of Officers and/or I		Street Address of Officer and/or Dire			
PD	Gottbetter, Adam S		630 Third Avenue	New York, NY 10017		
this rei	instatement application, the reason by the corporation have been paid application is true and accurate TURE:	on for dissolution has been and the names of individual to the names of individual to the name of individual to the name of th	on eliminated, the comprate name sat	n as provided for in chapter 607 or 617, F.S. I further certify that when filling tisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees fy for an exemption under section 119.07(3)(i), F.S. The information indicated under oath. 1-28-03 212.983.69cc Date Daytime Phone #		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





RPORATION SERVICE COMPANY"				
	•			
	ACCOUNT NO.	:	072100000032	

REFERENCE :

903399 5018905

AUTHORIZATION

COST LIMIT : \$ 900.00

ORDER DATE: January 22, 2003

ORDER TIME : 2:29 PM

ORDER NO. : 903399-015

CUSTOMER NO: 5018925

CUSTOMER: Mr. Sal Fichera

Kaplan Gottbetter & Levenson,

Floor 5th 630 3rd Ave.

New York, NY 10017

DOMESTIC FILINGS

NAME: SPENCER INVESTMENT GROUP INC.

XX __ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

DIVISION OF CORPORATION