

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000106567

1. Corporation Name

LAI INTERNATIONAL HOLDINGS, INC.

Principal Place of Business

3903 NORTHALE BLVD.
SUITE 200E, NORTHALE PLAZA
TAMPA FL 33694-0468

Mailing Address

622 THIRD AVENUE
38 FLOOR
NEW YORK NY 10017

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1998

5. FEI Number

59-3557593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
D	PEARSON, ROBERT L	SUITE 4150, THANKSGIVING TOWER 1	DALLAS TX 75201
DP	MCDONNELL, PATRICK J	225 W. WACKER DRIVER STE 2100	CHICAGO IL 60606
DS VP	ALBRIGHT, PHILIP R HARRINGTON, PATRICK	3903 NORTHALE BLVD STE 200E 622 THIRD AVE, 38 FL	TAMPA FL 33624 NEW YORK, NY 10017
D VP	OLESNICKYJ, MYRON	622 THIRD AVE, 39 FL	NEW YORK NY 10017
DP	TREACY, JAMES	622 THIRD AVE, 39 FL	NEW YORK NY 10017
D CEO	CATALANE, BART ANDREW MCKELVEY	622 THIRD AVE, 39 FL 622 THIRD AVE, 39 FL	NEW YORK NY 10017 NEW YORK, NY 10017

8. Name and Address of Current Registered Agent

~~ALBRIGHT, PHILIP R~~
~~3903 NORTHALE BLVD.~~
~~SUITE 200E, NORTHALE PLAZA~~
~~TAMPA FL 33694-0468~~

9. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
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

Brian Courtney
as its agent

Date

11-21-01

REGISTERED AGENT MUST SIGN

11. 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:

Patrick Harrington PATRICK HARRINGTON V.P. TAX 11/20/01 (212) 351-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #