

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 2:16

DOCUMENT # P99000003941

1. Corporation Name

LAI COMPASS, INC.

000003491150--3
-12/07/00--01079--012
****758.75 ****758.75

Principal Place of Business

Mailing Address

3903 NORTHDAL BLVD
NORTHDAL PLAZA, STE 200E
TAMPA FL 33624

PO BOX 340468
TAMPA FL 33694-0468



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		36-4274610	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				58.75 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 / Zip
D	MCDONNELL, PATRICK J	225 WEST WACKER DR, STE 2100	CHICAGO IL 60608
D	ALBRIGHT, PHILIP	3903 NORTHDAL BLVD	TAMPA, FL 33624
D	OLESNICKY, MYRON	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
D	TRACY, JAMES	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
D	CATALANE, BART	622 THIRD AVE, 39 FL	NEW YORK, NY 10017

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALBRIGHT, PHILIP R 3903 NORTHDAL BLVD NORTHDAL PLAZA, STE 200E TAMPA FL 33624		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	

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 Philip Albright Date 11/21/00
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: Philip Albright Date 11/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR