

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 27 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004426

1. Corporation Name

BURLINGTON WELLS SOUTH FLORIDA, INC.

2. Principal Office Address

80 SW 8 STREET

Suite, Apt. #, etc.

SUITE 2910

City & State

MIAMI, FL

Zip

33130

Country

USA

3. Mailing Office Address

622 THIRD AVE

Suite, Apt. #, etc.

38 FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business in Florida

01/12/99

5. FEI Number

59-3558240

Applied **SP**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

700003803567-4

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

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

Laura R. Dunlap

Laura R. Dunlap

REGISTERED AGENT MUST SIGN as its agent

Date

2/27/01

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
DIR / CEO / PRES	ANDREW MCKELVEY	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
DIR / COO	JAMES TREACH	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
DIR	GEORGE EISELE	600 INTERNATIONAL DR	MT OLIVE, NJ 07828
VCI / SEC	THOMAS COLLISON	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
VP	MYRON OLESNYCKYJ	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
SVP	BAK CATALANE	622 THIRD AVE, 39 FL	NEW YORK, NY 10017

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:

Bart Catalane

BAK CATALANE

Date

2/23/01

Daytime Phone #

(212) 351-7113

CR2E081 (9/00)