

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

DIVISION OF CORPORATIONS

FILED

02 FEB -5 PM 4:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P99000008220

1. Corporation Name

Street Information Systems, Inc.

2. Principal Office Address

c/o Michael D. Fricklas

Suite, Apt. #, etc.

1515 Broadway, 51st Floor

City & State

New York, New York

Zip

10036-5794

Country

USA

3. Mailing Office Address

c/o Michael D. Fricklas

Suite, Apt. #, etc.

1515 Broadway, 51st Floor

City & State

New York, New York

Zip

10036-5794

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/27/1999

5. FEI Number

59-3555441

Applied For

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

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

**Brian Courtney
Asst. V. Pres.**

REGISTERED AGENT MUST SIGN

Date

2-5-02

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
	See Schedule A attached hereto		
			100004880961--9

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:

Louis Giordano **Louis GIORDANO** 1/29/02 212-297-6428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SCHEDULE A

Title	Name of Officers and/or Directors	Street Addresss of Each Officer and/or Director	City/State/Zip
CEO/P	Wally C. Kelly	405 Lexington Avenue	New York, NY 10174
CFO	Lou Giordano	185 U.S. Highway 46	Fairfield, NJ 07004
D	Mel A. Karmazin	1515 Broadway, 51st Floor	New York, NY 10036-5794
D	Farid Suleman	40 West 57th Street, 14th Floor	New York, NY 10019



ACCOUNT NO. : 072100000032

REFERENCE : 346506 4322291

AUTHORIZATION :

Patricia Kizub

COST LIMIT : \$ 908.75

ORDER DATE : February 5, 2002

ORDER TIME : 9:42 AM

ORDER NO. : 346506-005

CUSTOMER NO: 4322291

CUSTOMER: John M. Harris, Legal Asst
Powell Goldstein Frazer &
191 Peachtree St., N.e.
16th Floor
Atlanta, GA 30303

RECEIVED
02 FEB -5 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: STREET INFORMATION SYSTEMS,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER: _____