

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 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03584

1. Corporation Name

BURLINGTON WELLS, INC.

2. Principal Office Address

9119 CORPORATE LAKES DR

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FL

Zip

33634

Country

USA

3. Mailing Office Address

622 THIRD AVENUE

Suite, Apt. #, etc.

38 FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/90

5. FEI Number

59-3032808

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

REGISTERED AGENT MUST SIGN

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
V.C./ SEC.	THOMAS COLLISON	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
VP	MYRON OLESNYCKYT	622 THIRD AVE, 39 FL	NEW YORK, NY 10017
SVP	BART 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BART CATALANE 2/23/01 (212) 351-7113

CR2E081 (9/00)