PLEASE READ A	ALL INST	RUCTIONS	BEFORE (OMPLET	ING THIS FO)BM		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT DIVISION OF CORPORA		IT OF STATE	The second of th				
DOCUMENT # \$77575				97 FEB -7 PM 4: 08				
1. Corporation Name WELLING TOW FUNDING & BUSSINESS CONSULTANTS				SECRETARY OF STATE TALLAHASSEE FLORIDA				
METPING JOIN FUNDING	a, 170/?14	iras (Kasira)	(N/3 WV (.	}	The Fire William Con			
Mailing Address Principal Place of Business				†				
BOCA RATEM FLA 33431				REINSTATEMENT 96-97				
If above addresses are incorrect in any way, line through the same			4. Date Incorp	DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified				
		uite, Apt. #, etc.		To Do Business in Florida 9/4/9/				
City & State BOCA RATON FLA	City & State			Applied For			Applied For Not Applicable	
Zip Country 32432 V S	Zip	Country		∦ ^{v.}	E OF STATUS DESIRED	\$8.75 Addition a Cer	itional Fee required trificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flo	T						
Title(s) 1 Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			4	City / State / Zip)	
res CARY BUNIN		HOI NE MI	LUPR BLUD	# 807	BOW RATE	1 KLA 334	132	
xec V.R. William Pickett				ITE LOOF HOUSTON, TEXAS 77057				
V.P. ELYNA SCOTT		274 WEST	19 TH ST. 4	t IE	1E NEW YORK, N.Y. 1001]			
				31	100020	18207	* entre some or	
			····					
8. Name and Address of Current F	Registered Age	ent		9. Name and	Address of New Reg	stered Agent		
THE PRENTICE HALL-CORPORATION SYSTEMS, INC.				Name ,				
1201 HAYS STREET, SUITE 105 TALLAHASSEE, FLORIDA 32301			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
	Outo, rp., n, etc.							
Ci 10. I, being appointed the registered agent of the above named corporation, am familiar with an				State Zip Code FL				
THE PRENTICE-HALL CORE	PORATION	SYSTEM, INC LAN LENT MUST SIGN	L. AS A		ORAH D. SKI		om call of Prince subsum can made 1 VIV * * *	
11. If this corporation is a non-p	rofit with	I.R.S. 501(c)(3) tax exen	npt status,	check this bo	X (S	ee other side for tional information.)	
Does this corporation pay a Dept. of Revenue under S.						other side for in on intangible ta	ax.)	
13. I do hereby certify that the information supplied w lease the Division of Corporations from any liability certify that I am an officer or director or the receivation reinstatement application the reason for dissiples owed by the corporation have been paid. The under oath.	y of non-compli ver or trustee e olution has bes	ance with Section 119 mpowered to execute in eliminated, the corp	0.07(3)(k) in the evi this application as porate name satisfi	ent that the inform provided for in c es the requireme	nation supplied is dee hapter 607 or 617, F. nts of section 607.04	med exempt from S. I further certil 01 or 617.0401,	m public access. I fy that when filing , F.S., and that all	

・ジェースの影響を表現します。19、19、19では大きな、地域をより、400mm(から)・400mm(と思うしており、19mm)が開発を表現しませた。19mm(19mm)があった。19mm)のでは、1

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SIGNATURE: CARY BUNIN CAN BUMM

2/6/97 Rep 212-586-5650



ACCOUNT NO. : 072100000032

REFERENCE

252069

5013119

300002082073---1

AUTHORIZATION

COST LIMIT

\$ 915.00

ORDER DATE: February 6, 1997

ORDER TIME :

1:24 PM

ORDER NO. :

252069-005

CUSTOMER NO:

5013119

CUSTOMER: Mr. Cary Bunin

Wellington Funding & Business

322 West 57th Street

Suite 48g

New York, NY 10019

DOMESTIC FILINGS

NAME:

WELLINGTON FUNDING & BUSINESS

CONSULTANTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Richard W Whittaker

EXAMINER'S INITIALS