

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -7 PM 1:50

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

DOCUMENT # F92000000441

1. Corporation Name INTERCEDE, INC.

Principal Place of Business: PO BOX 488 PORT JEFFERSON NY 11777 US; Mailing Address: PO BOX 488 PORT JEFFERSON NY 11777 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 6 ROOSEVELT AVE., PORT JEFFERSON STA., 11776, US; 3. New Mailing Office Address, If Applicable: Suite, Apt. #, etc., City & State, Zip, Country; 4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1992; 5. FEI Number: 11-3125535; 6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DCPT BJURLOF, THOMAS at 577 ROCKLEDGE PATH, PORT JEFFERSON NY 11777.

000003480900--4 -11/30/00-01023-017 \*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 00 78

8. Name and Address of Current Registered Agent: LANGFIELD, MICHAEL, 2008 CHIPPEWA TRAIL, MAITLAND FL 32751; 9. Name and Address of New Registered Agent: Name: ERIK H. VICK, Street Address: 1030 SHOSHANNA DR., City: ORLANDO, State: FL, Zip Code: 32825

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: [Signature], Date: 10/17/2000

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas Bjurlof, Date: 10/17/2000, Daytime Phone #: 631.642.2400

CR2E040 (9/00)