

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morthal Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAR 12 PM 12:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F96000006472

1. Corporation Name

DAK MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
 150 E. 58 ST. 14th Floor New York, New York 10155
 411 SEABREEZE AVENUE Palm Beach, Florida 33480

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Jan. 1, 1997	
City & State		City & State		5. FEI Number	
Zip		Country		13-3920431	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

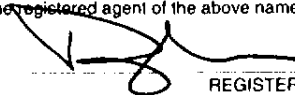
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	DOUGLAS A. KASS	150 E. 58 ST. / 14 th Floor (212) 838-0895	New York, N.J. 10155

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REINSTATEMENT 97-98
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOUGLAS A. KASS 411 SEABREEZE AVE. PALM BEACH FL 33480		Name: DOUGLAS A. KASS Street Address (P.O. Box Number is Not Acceptable): 411 SEABREEZE AVENUE Suite, Apt. #, etc.: City: PALM BEACH State: FL Zip Code: 33480	

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:  REGISTERED AGENT MUST SIGN Date: 3/1/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/98 (212) 838-0895 Date Daytime Phone #

CR20040 (12/96)