

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-10

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE	
DOCUMENT # L85331 1. Corporation Name PowerPak Communications, Inc.		Principal Place of Business 100 Avenue of the Americas New York, NY 10013		Mailing Address 100 Avenue of the Americas New York, NY 10013	
2. New Principal Office Address, If Applicable N/A		3. New Mailing Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 7/5/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3016197	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>83.75 Additional Fee Required for a Certificate of Status</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
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		
P/D	Robert A. Amato	100 Avenue of the Americas	New York, NY 10013		
V/D	Robert S. Amato	100 Avenue of the Americas	New York, NY 10013		
T/D	Roger C. Amato	100 Avenue of the Americas	New York, NY 10013		
Asst. S	Jarvis P. Kellogg	75 State Street	Boston, MA 02109		
			300003120873-6 -02/02/00--01062--014 *****758.75 *****758.75		
8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date <u>1/26/2000</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Jarvis P. Kellogg</u> Ass't Sec'y SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		January 25, 2000 Date		617-342-4000 Daytime Phone #	