PLEASE READ ALL INSTRUCTIONS	BEFORE COMPLETING	THIS FORM. 14/0	
FLORIDA DEPARTMENT FLORIDA DEPARTMENT FLORIDA DEPARTMENT GAMERA B. MOT PROPRIOR DE PARTMENT FLORIDA DEPARTMENT FLORIDA DEPARTME	nt of State	Pg. 192	
205-00-7507		FILED	
, ,	C	07 AUG 15 AM 11: 35	
OBJECT MENTED TECHNOLOGI	E1 :	CRETARY OF STATE	
ConponATION	T.	ALLAHASSEE, FLORIDA	
Principal Place of Business  Mailing Address  LACKAWANNA PLAZA SC	vite 312	. (5598	
MONTCLAIR, NJ 07042		22-3405598	
If above addresses are Incorrect in any way, line through incorrect information and enter  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If	Applicable 4 Date Incorporated	or Qualified	
Sylle, Apt. #, etc.  Sylle, Apt. #, etc.  Sylle, Apt. #, etc.	To Do Business in	Florida 9 , 1995	
City & State	5. FEI Number	72-340559 Not Applied For	
Montelain NJ	6. CERTIFICATE OF S	\$3.75 Additional Fee required	
07042		for a Certificate of Status	
	reet Address of Each fficer and/or Director	City / State / Zip	
D ADRIANE CHATTERIN 195 C	Use Post Office Box Numbers) 4  HADWICK ROAD		
ADRIANT CHATEFIELD TERMES	K NJ 07666	TEANLY NJO766	
C GERAND Chatterron 195 CHADWIKK BOAD TEAMECKINTO 7666			
M BRENDAN Scatt Chatterin 195 CHADWICKROND TENNECK NJ 07666			
	200	10022701724 -08/18/97-01129-012 ****373.75 ****373.75	
6. Name and Address of Current Registered Agent	9. Name and Addre	ss of New Registered Agent	
Anathie Chafferry Name			
5951 BAYVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable)  FORT Landbolale, 78 Suite, Apt. #, Etc.			
Fort Landedule, Fl	Suite, Apt. #, Etc.		
33308	City	State Zip Code	
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 7/25/97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 filling 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 UR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Despring Phone 1 CCC			

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## Object Oriented Technologies Corpord

Page 1 of 1

August 14, 1997

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fl 32399

Dear Sir:

I have never received the 1996 annual report forms in the mail. Please send all correspondence to the above address.

This check for \$373.75 pays for the 1996 and 1997 annual reports, plus a certificate of status.

Adriane Chatterton, President-