

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


01 MAY 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 97-01

CORPORATION REINSTATEMENT



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

DOCUMENT # 857269

1. Corporation Name
NATIONAL PARTNERSHIP EQUITIES, INC.

2. Principal Office Address 9090 WILSHIRE BLVD.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.	
City & State BEVERLY HILLS, CA		City & State	
Zip 90211	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-4-81

5. FEI Number 95-3747180 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM	1200.00 - Ann
Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET	61.25 - AR
Suite, Apt. #, Etc.	88.75 - AR SUP
City TALLAHASSEE	State Zip Code FL 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 4-19-01
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEFFREY H. SUSSMAN	9090 WILSHIRE BLVD, 201	BEVERLY HILLS, CA 90211
S	PATRICIA W. TOY	9090 WILSHIRE BLVD, 201	BEVERLY HILLS, CA 90211
T	BRIAN H. SHUMAN	9090 WILSHIRE BLVD, 201	BEVERLY HILLS, CA 90211
C/D	CHARLES H. BOXENBAUM	9090 WILSHIRE BLVD, 201	BEVERLY HILLS, CA 90211
D	ALAN I. CASDEN	9090 WILSHIRE BLVD, 201	BEVERLY HILLS, CA 90211
VP/D	BRUCE E. NELSON	9090 WILSHIRE BLVD, 201	BEVERLY HILLS, CA 90211

10. 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)(f), 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] BRIAN H. SHUMAN Date 4-19-01 (310) 278-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #