PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JAN 23 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000012671

1. Corporation Name

ETJ-SCAPE, INC.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
C/O SunAmerica	C/O SunAmerica
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1999 Avenue of the Stars	1999 Avenue of the Stars
City & State	City & State
Los Angeles, CA	Los Angeles, CA
Zip: 90067-6022 Country: USA	Zip: 90067-6022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/9/98 **SP**

5. FEI Number: 593518654 ☐ 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

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

400003623824--0
-02/02/01--01014--011
****150.00 ****150.00

400003623824--0
-02/02/01--01014--012
****158.75 ****158.75

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: Charlie Shampang
REGISTERED AGENT MUST SIGN: Asst Secretary

Date: 1-22-01

CR2E081 (9/99)

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	Michael L. Fowler	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022
VP/AS	Alan T. Fair	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022
T/CFO	N. Scott Gillis	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022
AS	Virginia Puzon	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022

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)(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: Vice President 1/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Alan T. Fair Date Daytime Phone # 310 772-6637