PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 835507

1. Corporation Name

IR-MAPLE CORP.

Principal Place of Business	Mailing Address
C/O NORTHSTAR PRESIDIO MGMT CO	C/O NORTHSTAR PRESIDIO MGMT CO
STE 270	STE 270
GREENWICH CT 06830	GREENWICH CT 06830
US	US

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	
		411 W. Putnam Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 270 %Northstar Presidio Mgt.	
City & State Stamford		City & State Greenwich, CT	
Zip	Country	Zip 06830	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/01/1975

5. FEI Number 13-2849687 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	~~SABELLA, RICHARD~~ Allan B. Rothschild	411 W PUTNAM AVE STE 270	GREENWICH CT 06830
SVPC	SCHNACHTER, LAWRENCE R	411 WEST PUTNAM AVE. Suite 270	GREENWICH CT 06830
~~EVP~~	~~ROTHSCHILD, ALLAN B~~	~~411 WEST PUTNAM AVE.~~	~~GREENWICH CT 06830~~
VPS	~~REARDON, KEVIN~~ J. Peter Paganelli	411 WEST PUTNAM AVE. Suite 270	~~GREENWICH CT 06830~~

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****750.00 ****750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / 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.

The United States Corporation Company

Signature of Registered Agent _____ Date 01/05/2000

REGISTERED AGENT SIGNATURE **BRIAN COURTNEY, ASST. V.P.**

11. 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: _____ Date 10-19-99 Daytime Phone # 203-862-7032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Schachter