

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 14 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848673

1. Corporation Name

TDC CORP. OF FLORIDA

9/22/00

2. Principal Office Address

375 Hudson Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10014

Country

USA

3. Mailing Office Address

375 Hudson Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10014

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/31/81

5. FEI Number

13-3088213

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

Curtis H. Sitterson

Street Address (P.O. Box Number is Not Acceptable)

150 West Flagler Street, Suite 2200

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130

200003515232-9
-12/28/00--01016--015
*****8.75 *****8.75

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-12/28/00--01016--015
*****8.75 *****8.75

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

Date 12/4/00

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 |
|--------|--------------------------------------|---|--------------------|
| CEO | Robert E. Fee | 375 Hudson Street | New York, NY 10014 |
| V S | Anthony C. Breu | 375 Hudson Street | New York, NY 10014 |
| CAS | Michael J. Murphy | 901 Main St., Ste. 4900 | Dallas, TX 75202 |
| AS | Rafael A. Tolentino | 375 Hudson Street | New York, NY 10014 |
| TC V | Donald G. Sleeman | 901 Main St., Ste. 4900 | Dallas, TX 75202 |

REINSTATEMENT 2 000 BK

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald G. Sleeman, VP Treasurer

Date

12/4/00

Daytime Phone #

214-915-9600

CR2E081 (9/99)