

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUL 23 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 855727

**1. Corporation Name**

Clipper South Shore, Inc.  
c/o Credit Suisse First Boston, Inc.

300007632653--4  
-09/10/02--01042--014  
\*\*\*1200.00 \*\*\*1200.00

99-02

**2. Principal Office Address**

11 Madison Avenue

**3. Mailing Office Address**

11 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th Fl., ATTN:TaxDept

City & State

New York, NY

City & State

New York, NY

Zip

10010

Country

USA

Zip

10010

Country

USA

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

03/08/1983

**5. FEI Number**

13-3039747

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 Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

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

*Mary W. Wences*

REGISTERED AGENT MUST SIGN

Date

6/25/02

**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
D	David A. DeNunzio	11 Madison Avenue	New York, NY 10010
D	George R. Hornig	11 Madison Avenue	New York, NY 10010
S	Lori M. Russo	11 Madison Avenue	New York, NY 10010
V	Ed Flynn	11 Madison Avenue	New York, NY 10010

**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:

*Eldredge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/02

Daytime Phone #

CR2E081 (9/01)