

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

B97000000593

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000593

1. Name of Limited Partnership

FLATROCK PARTNERS, L.P.

2. Principal Office Address

11 MADISON AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10010

Country

MANHATTAN

3. Mailing Office Address

11 MADISON AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10010

Country

MANHATTAN

**4. Date Formed or Registered
To Do Business in Florida**

10/21/1997

5. FEI Number

13-3972338

Applied For

Not Applicable

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

7a. Capital Contributions on Record:

\$12,181.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$12,181.00

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. 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

32301-2525

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a. Registration
Document Number**

PTG FLATROCK, INC.

11 MADISON AVENUE

NEW YORK, NY 10010

9000009322949

REINSTATEMENT 2002

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

EDWARD FLYNN

Telephone Number **212-325-5832**

CR2E039 (9/01)



B97060000593

ACCOUNT NO. : 072100000032

REFERENCE : 837717 163137A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 1035.00

FILED
02 DEC -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 3, 2002

682.75

ORDER TIME : 11:05 AM

ORDER NO. : 837717-005

CUSTOMER NO: 163137A

CUSTOMER: Rhonda Matty, Vice President
Credit Suisse First Boston
Floor 16th, 1 Madison Avenue
16th Floor
New York, NY 10010

RECEIVED
02 DEC -3 PM 12:57
DEPARTMENT OF STATE
DIVISION OF COMPTROLLER
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: FLATROCK PARTNERS LP

11/27 00.162802

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____

*** See Attached - need client's check
Sent back to us ***