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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000005786

1. Corporation Name

AG Florida Land Manager, Inc.

REINSTATEMENT
06-07

CR2E031 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Angelo, Gordon & Co., L.P.		c/o Angelo, Gordon & Co., L.P.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
245 Park Avenue, 26th Floor		245 Park Avenue, 26th Floor	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10167	USA	10167	USA

4. Date Incorporated or Qualified To Do Business in Florida: October 6, 2005

5. FEI Number: 20-3590414 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Jeffrey D. Butterfield Assistant Secretary Date: 4/2/07

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
	See Attached Schedule I		

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 contained in Chapter 119, 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: See Attached Signature Page 03/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - 1/7/07 CT System Online

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Schedule 1

Name of Officer	Office
John M. Angelo	Chairman of the Board
Keith F. Barket	President & Treasurer
Michael L. Gordon	Vice President & Secretary
David Roberts	Vice President & Assistant Secretary
Fred Berger	Vice President & Assistant Secretary
Andrew Jacobs	Vice President & Assistant Secretary
Dana G. Roffman	Vice President & Assistant Secretary
Matthew Khoury	Vice President & Assistant Secretary
Joseph R. Wekselblatt	Vice President & Assistant Secretary
Adam Schwartz	Vice President & Assistant Secretary
William Abbate	Vice President & Assistant Secretary
Bruce M. Stachenfeld	Assistant Secretary

Address for all of the above:
c/o Angelo, Gordon & Co., L.P.
245 Park Avenue, 26th Floor
New York, New York 10167

3/4

AG FLORIDA LAND MANAGER, INC., a Delaware corporation

By: _____

Name: ANDREW JACOBS

Title: VICE PRESIDENT

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

AG FLORIDA LAND MANAGER, INC.

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