OCT. 29. 2007 9:58AM C S C

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 29 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000006952

1. Corporation Name

Wells Fargo Century, Inc.

# REINSTATEMENT 07

CR2E081 (12/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 119 W. 40th Street | 119 W. 40th Street |
| Suite, Apt. #, etc. Attn: Valerie Spencer | Suite, Apt. #, etc. Attn: Valerie Spencer |
| City & State New York, NY | City & State New York, NY |
| Zip 10018 Country USA | Zip 10018 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 11/06/2006

5. FEI Number 13-0562810 ☐ 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: 32301-2525

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: Kimberly Bennett (REGISTERED AGENT MUST SIGN) Date: 10/29/07

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 LIST | | |
| | OF DIRECTORS AND | | |
| | EXECUTIVE OFFICERS | | |
| | | | |
| | | | |
| | | | |

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: Valerie Spencer, SVP Valerie Spencer SVP 10/25/07 212-303-3526

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

jc 10/29

Wells Fargo Century, Inc.
Question #9

| | |
|---|---|
| **Hoyt, David A.** | **Director**<br>A0101-121<br>420 Montgomery Street<br>San Francisco, CA 94104 |
| **Jordon, Henry** | **Director**<br>N-2653-030<br>2450 Colorado Avenue<br>Santa Monica, CA 90404 |
| **Mayer, William** | **Director**<br>One Boston Place Suite 1800<br>Boston, MA |
| **Pizzo, Thomas V.** | **Director**<br>N2697-010<br>119 West 40th Street<br>New York, NY 10018 |
| **Schwab, Peter E.** | **Director**<br>N-2653-030<br>2450 Colorado Avenue<br>Santa Monica, CA 90404 |

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# Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Kimberly K. 2949

## CORPORATION REINSTATEMENT

### WELLS FARGO CENTURY, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
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