
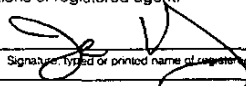
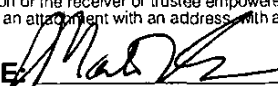


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|--|--|---|--|---|--|
| DOCUMENT # F95000002345 1. Entity Name SANDHURST ASSOCIATES, LTD., INC. | | | |  | | <div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 AUG 18 AM 11:35</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">05</div> | |
| Principal Place of Business % FISHER BROTHERS 299 PARK AVE. NEW YORK, NY 10171 | | | | Mailing Address % FISHER BROTHERS 299 PARK AVE. NEW YORK, NY 10171 | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301 | | | | Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | <div style="text-align: center;"> Jeanine Reynolds as its agent </div> | | | |
| SIGNATURE  | | | | DATE 8-18-05 | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | FILE NOW!!! FEE IS \$900.00 | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHALEN, JOHN J 299 PARK AVE. NEW YORK, NY 10171 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Richard L. Fisher 299 Park Avenue New York, NY 10171 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FISHER, KENNETH 299 PARK AVE. NEW YORK, NY 10171 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Kenneth Fisher 299 Park Avenue New York, NY 10171 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KLEINER, SAM 299 PARK AVE. NEW YORK, NY 10171 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Martin L. Edelman 75 East 55th Street New York, NY 10022 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROSENBERG, SAMUEL 299 PARK AVE. NEW YORK, NY 10171 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300058732003 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISHER, M. ANTHONY 299 PARK AVE. NEW YORK, NY 10171 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISHER, ARNOLD 299 PARK AVE. NEW YORK, NY 10171 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | | | |
| SIGNATURE  | | | | Martin L. Edelman, Sec. 8/15/05 212-318-6000 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | | | |

05 AUG 18 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 550276 4300123

AUTHORIZATION :

COST LIMIT : \$ 917.50

Patricia Pizut

ORDER DATE : August 18, 2005

ORDER TIME : 10:32 AM

ORDER NO. : 550276-005

CUSTOMER NO: 4300123

CUSTOMER: Janet Sandoval-Pou
Paul Hastings Janofsky &
75 East 55th Street

New York, NY 10022-3205

REINSTATEMENT

NAME: SANDHURST ASSOCIATES, LTD.,
INC.

RECEIVED
05 AUG 18 AM 10:40
STATE
DIVISION of CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____