

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB -5 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F95000003847

**1. Corporation Name**

BLC Capital Corp.

**2. Principal Office Address**

645 Madison Avenue

Suite, Apt. #, etc.

19th Floor

City & State

New York NY

Zip

10022

Country

USA

**3. Mailing Office Address**

645 Madison Avenue

Suite, Apt. #, etc.

19th Floor

City & State

New York, NY

Zip

10022

Country

USA

**REINSTATEMENT** W-03

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

08/09/1995

**5. FEI Number**

13-3835694

☒ 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

*Dolores Burton*

Date

2/4/03

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
CEO	Robert F. Tannenhauser	645 Madison Avenue - 19th Floor	New York, NY 10022
COO	Jennifer M. Goldstein	645 Madison Avenue - 19th Floor	New York, NY 10022
CFO	Michael A. Cohen	645 Madison Avenue - 19th Floor	New York, NY 10022
Treas	Louis M. Hafkin	645 Madison Avenue - 19th Floor	New York, NY 10022
Dir	William Walton	1919 Pennsylvania Avenue, NW	Washington, D.C. 20006

**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:

*Michael Cohen*

Michael Cohen, EVP & CFO 2/3/03

Date

212-751-5626

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)