FROM: MORGAN STANLEY R.E.FUND 310 788 2282 1999.03-02 14:28 #529 P.02/03

Fax Audit No.: H99-7521

APPROVED
FILED
99 MAR 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # F96000004389

F96000004389

MS Atlantic Partners, Inc.
1585 Broadway
37th Floor
New York, NY 10036

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

98-99

3. Date Incorporated or Qualified To Do Business in Florida: 08/27/1996

4. FEI Number: 13-3870720

FEI Number Applied For

FEI Number Not Applicable

5. SR 75 Annual Report Certificate Fee

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s))	4 City and State
~~CD~~	~~Allwin, James M.~~	~~1585 Broadway, 37th Flr.~~	~~New York, NY 10036~~
VD	Thomas, Owen D.	1585 Broadway, 37th Flr.	New York, NY 10036
P	Lewis, Jr., William M.	1585 Broadway, 37th Flr.	New York, NY 10036
~~V~~	~~Boeler, C. William~~ John A. Henry	~~1585 Broadway, 37th Flr.~~ 1585 Broadway, 37th Flr.	~~New York, NY 10036~~ New York, NY 10036
V	Foster, Michael E.	1585 Broadway, 37th Flr.	New York, NY 10036
VD	Malone, Christian B.	1585 Broadway, 37th Flr.	New York, NY 10036

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL Zip

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SEE ATTACHED SIGNATURE PAGE — REGISTERED AGENT MUST SIGN — Date

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ See other side for additional information

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032. Florida Statutes. Yes ☑ No ☐ See other side for information on intangible tax

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 3/29/99 Daytime Phone #: (212) 761-4405

Typed or printed name of signing officer or director

This instrument prepared by:
Brian L. Bilzin, Esquire
Florida Bar No. 244252
BILZIN SUMBERG DUNN PRICE & AXELROD LLP
2500 First Union Financial Center
Miami, Florida 33131-2336
Telephone: 305-374-7580

3/30

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