Fax Audit No.: H98- 6370

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APPROVED AND FILED

1998 APR -2 PM 3:46

SECRETARY OF STATE

APPLICATION FOR REINSTATEMENT

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

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # F96000004435

BCMSL Corp.
c/o Blackrock Capital Finance L.P.
345 Park Avenue
New York, New York 10154

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

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 8/28/96

4. FEI Number: 13-3916416

☐ FEI Number Applied For

☐ FEI Number Not Applicable

5. Add $25 Additional Fee required for Certification of Status

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 Numbers)	4 City and State
DP	Edens, Wesley R.	345 Park Avenue	New York, NY 10154
DVT	Kauffman, Robert I.	345 Park Avenue	New York, NY 10154
DVS	Nardone, Randal	345 Park Avenue	New York, NY 10154

REINSTATEMENT '97-'98

SCC 4-2-98

7. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 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 Date

REGISTERED AGENT MUST SIGN

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 of 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 3/31/98 Daytime Phone # 212-821-6047

Typed or printed name of signing officer or director: Randal Nardone, VICE PRESIDENT

This instrument prepared by:
Brian L. Bilzin, Esquire
Florida Bar No. 344252
BILZIN SUMBERG DUNN & AXELROD LLP
2500 First Union Financial Center
Miami, Florida 33131-2336
Telephone: 305-374-7580

FAX AUDIT NO. H98-6370

APR. -02. 98 (THU) 12:02 BILZIN, SUMBERG, ET. AL TEL:305-374-7593 P.002

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FAX AUDIT NO. H98-6370

ACCEPTANCE OF APPOINTMENT

Pursuant to Section 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as* registered agent of BCMSL CORP., a Delaware corporation, and agrees to act in that capacity and to comply with the provisions of the Florida Business Corporation Act (1990), relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of Section 607.0505, Florida Statutes.

Dated March 31, 1998.

C T CORPORATION SYSTEM

Peter F. Souza
Special Assistant Secretary

*Florida

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4/02/98
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TO: DIVISION OF CORPORATIONS FAX #:
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FROM: BILZIN SUMBERG DUNN & AXELROD LLP ACCT#:
075350000132
CONTACT: KENDALL SPARKMAN
PHONE: (305)374-7580 FAX #:
(305)350-2446

NAME: BCMSL CORP.
AUDIT NUMBER.....H98000006370
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