

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 DEC 15 PM 2: 17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000000789

1. Corporation Name
MERRILL LYNCH PRIVATE FINANCE INC.

Principal Place of Business 701 BRICKELL AVE. 24TH FLOOR MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. 24TH FLOOR MIAMI FL 33131
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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REINSTATEMENT *CD*

4. Date Incorporated or Qualified To Do Business in Florida 02/13/1997	SP
5. FEI Number 13-3905240	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SEITZ, ROBERT W	225 LIBERTY STREET	NEW YORK NY 10080
DP	HAGAN, PETER	800 SCUDDERS MILL ROAD, IH	PLAINSBORO NJ 08536
V	BERGER, DAVID	9595 WILLSHIRE BLVD., STE. 1000	BEVERLY HILLS CA 90212
V	REINHARDT, G. F	65 EAST 55TH STREET, 29TH FLOOR	NEW YORK NY 10022
			300003514533--0 -12/27/00--01064--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. 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 *Barbara A. Burke* **BARBARA A. BURKE**
 REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY** Date 12-1-00

11. 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: *G. Frederick Reinhardt* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 11-29-00 Daytime Phone # 212-610-2042

G. Frederick Reinhardt
 Vice President

CR2ED40 (800)