PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



CORPORATION REINSTATEMENT

2. Principal Office Address



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State. **DIVISION OF CORPORATIONS**

3. Mailing Office Address

DOCUMENT # 1 1. Corporation Name

Sun GP of California, Inc.

FILED

00 OCT 16 PM 2: 54

SECRETARY OF STATE TALLAHASSEE FLORIDA

700003426277

1 SunAmerica Center Suite, Apt. #, etc. 37th Floor City & State Los Angeles, CA 90067-6000			1 SunAmerica	APRIC .	TAT	EME	IT	()	()			
			Suite, Apt. #, etc. 37th Floor City & State Los Angeles, CA 98057-6022		4. Date Incorporated or Qualified To Do Business in Florida 02/20/1997							
					5. FEI Number 95–4599401				Applied For Not Applicable			
^{Zip} 90067-	2ip Country 90067-6022		^{Zip} 90067-6022	7-6022		6. CERTIFICATE OF STATUS DESIRED				75 Additional Fee required for a Certificate of Status		
			7. Name and A	ddress of Current Register	red Agent							
-	Name Corpor	ration Service Co	ompany			_						
		dress (P.O. Box Number is N Hays Street	lot Acceptable)		·	r						
	Suite, Apt	#, Etc.	·			_				,		
•	City		Tallahasse	9	· .	State FL	Zip Code 32	301				
Signature o Registered	of I Agent		Byron Geo Egistered agent must	rgia Byron SIGN Authorized	Represent	Date <u>C</u>	or617.0503, F		2000	3		
p. Names a	and Street Add	fresses of Each Officer and/	or Director (Florida nonprofi	t corporations must list at le	ast 3 directors)							
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director								
Pres./	Alan N	ussenblatt	1 Sun	America Center		Los Ar	geles, (:A 90	JU67-1	5022		
V.Pres Dir.	/ Will	iam M. Petak	1 Sun	America Center		Los Ar	geles, (CA 90	0067-	6022		
Treas. Dir.		cott Gillis	1 Sun	America Center		Los Aı	geles, (CA 90	0067-	6022		
Sec.	Chris	stine A. Nixon	1 Sun	America Center		Los A	ngeles,	CA 9	0067-	-6022		
							_			- 1		

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 filling 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 torm do not quality 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:

Christine A. Nixon 0 10 800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ACCOUNT NO. : 072100000032

REFERENCE: 856438

55379A

AUTHORIZATION : _

ORDER DATE : October 6, 2000

ORDER TIME : 12:07 PM

ORDER NO. : 856438-035

CUSTOMER NO: 55379A

CUSTOMER: Ms. Judy Direnzo

GREEN PARK FINANCIAL LIMITED GREEN PARK FINANCIAL LIMITED 7500 Old Georgetown Road

Suite 800

Bethesda, MD 20814

DOMESTIC FILING

SUN GP OF CALIFORNIA, INC.

EFFECTIVE DATE:

XX___ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT. 1133

EXAMINER'S INITIALS: