PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 NOV -8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005793

1. Corporation Name

PTG FLATROCK, INC.

2. Principal Office Address
c/oCredit Suisse First Boston, 11 Madison Avenue

Suite, Apt. #, etc.

City & State: New York, NY

Zip: 10010 Country: USA

3. Mailing Office Address
Credit Suisse First Boston
11 Madison Avenue

Suite, Apt. #, etc.

City & State: New York, NY

Zip: 10010 Country: USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 10/29/97

5. FEI Number 13-3972335 Applied For / Not Applica

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee requ for a Certificate of Stat

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: 32301-2525

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****908.75 ****908.75

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: Lynette Coleman — Lynette Coleman ~~as its agent~~ — Date 11/8/2000

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
Pres.	Lawrence Shelley	c/o Credit Suisse First Boston 11 Madison Avenue	New York, NY 10010
Dir.	Thomas A. Degennaro	c/o Credit Suisse First Boston 11 Madison Avenue	New York, NY 10010
VP	Richard Ortiz	c/o Credit Suisse First Boston 11 Madison Avenue	New York, NY 10010
Sec.	Lori M. Russo	c/o Credit Suisse First Boston 11 Madison Avenue	New York, NY 10010
Treas.	Diane Manno	c/o Credit Suisse First Boston 11 Madison Avenue	New York, NY 10010

LS

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Richard Ortiz, VP 10/31/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #