

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 MAY -9 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800005555838--3  
-05/17/02--01001--012  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 2001-2002

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Hams</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #F98000000769</b>			
1. Corporation Name Archon Gen-Par, Inc.			
2. Principal Office Address 10 Hanover Square		3. Mailing Office Address 10 Hanover Square	
Suite, Apt. #, etc. 17th Floor		Suite, Apt. #, etc. 17th Floor	
City & State New York NY		City & State New York NY	
Zip 100005	Country USA	Zip 100005	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/9/1998	
5. FEI Number 75-26666150	Applied For Not Applicable
6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS IS REQUIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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	Date 5/6/02
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
Director	James L Lozier, Jr	600 E Las Colinas Blvd, Suite 400	Irving, TX 75039
Director	Brian M Ainsworth	600 E Las Colinas Blvd, Suite 400	Irving, TX 75039
Director	Ken N Murphy	600 E Las Colinas Blvd., Suite 400	Irving, TX 75039
Director	Thomas N Kendall	600 E Las Colinas Blvd., Suite 400	Irving, TX 75039
Director	Todd A Williams	100 Crescent Court, Suite 1000	Dallas, TX 75201
Director	Esta E Stecher	One New York Plaza, 37th Floor	New York, NY 10005

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

**SIGNATURE:** Todd A Williams 5/6/02 214 855-6332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Archon Gen-Par, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input checked="" type="checkbox"/> Reinstatement |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report            | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

RECEIVED  
 02 MAY -9 PM 12:33  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

5/9/02

Order#: 5332696

Ref#: \_\_\_\_\_ kf

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615