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APPROVED AND FILED

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 APR 19 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000769

1. Entity Name
ARCHON GEN-PAR, INC.

Principal Place of Business	Mailing Address
~~10 HANOVER SQUARE~~ ~~17TH FLOOR~~ ~~NEW YORK, NY 10005~~	~~10 HANOVER SQUARE~~ ~~17TH FLOOR~~ ~~NEW YORK, NY 10005~~

02112005 REIN-P CR2E098 (6/04) MRS

2. Principal Place of Business	3. Mailing Address
180 Maiden Lane	180 Maiden Lane
Suite, Apt. #, etc. 40th Floor	Suite, Apt. #, etc. 40th Floor
City & State New York, NY	City & State New York, NY
Zip 10038 Country USA	Zip 10038 Country USA

4. FEI Number
75-2668150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 04-05 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 4/19/05
Signature, type or printed name of registered agent and title if applicable (Florida Registered Agent must always be signed when reinstating) Date

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOZIER, JAMES L JR 85 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AINSWORTH, BRIANN M 85 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, KEN N 85 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST WILLIAMS, TODD A 85 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STECHER, ESTA B 85 BROAD STREET NEW YORK, NY 10004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vice President 4/18/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #