Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

ARCHON GEN-PAR, INC.

Certificate of Status	0
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Page Count	02
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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (12/08)

RH

DOCUMENT # F98000000769

1. Corporation Name

ARCHON GEN-PAR, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
85 BROAD STREET	180 MAIDEN LANE
Suite, Apt #, etc. 10TH FLOOR	Suite, Apt. #, etc. 30TH FLOOR
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10004 / Country	Zip 1000 / Country

4. Date Incorporated or Qualified To Do Business in Florida 2/9/1998

5. FEI Number 75-2666150 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Kimberly Orzalli, Assistant Secretary Date 4/24/09

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
DIR	BRIAN M AINSWORTH	6011 CONNECTION DRIVE	IRVING, TX 75039
DIR	RON K BARGER	6011 CONNECTION DRIVE	IRVING, TX 75039
DIR	RICHARD R FRAPART	6011 CONNECTION DRIVE	IRVING, TX 75039
DIR	JAMES L LOZIER, JR	6011 CONNECTION DRIVE	IRVING, TX 75039
DIR	KEN N MURPHY	6011 CONNECTION DRIVE	IRVING, TX 75039
DIR	Jeffrey Schroeder	85 Broad Street, 10th Floor	New York, NY 10004

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 contained in Chapter 119, 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: R. K. Barger — Ron K Barger, Vice President — 4/22/2009 — 972-368-2200

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