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 30 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F98000003692

1. Corporation Name
Blackacre Capital Management Corp.

2. Principal Office Address
450 Park Avenue

Suite, Apt. #, etc.

City & State
New York, NY

Zip 10022 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 06-1403122 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Lexis Document Services Inc

800003488298--7
-12/05/00--01109--016
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable)
3953 WW Kelley Road

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32311

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 Cynthia Woodyard as agent Date 11-30-00
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
Co Pres & Sole Direct	Jeffrey B. Citrin	450 Park Avenue	NY, NY 10022

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 SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MBR/OFFICER OR DIRECTOR Date Daytime Phone #

KE