

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006310

1. Corporation Name

BTCM PROPERTIES CORPORATION

2. Principal Office Address
c/o Deutsche Bank
60 Wall Street

Suite, Apt. #, etc.

NYC60-4006

City & State
New York, NY

Zip 10005

Country U.S.A.

3. Mailing Office Address
c/o Deutsche Bank
60 Wall Street

Suite, Apt. #, etc.

NYC60-4006

City & State
New York

Zip 10005

Country U.S.A.

FILED

03 OCT -7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023621298
10/07/03--01048--018 **750.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/7/1999

5. FEI Number

522031961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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

REINSTATEMENT

State

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Sheila Clark

**SHEILA CLARK
Assistant Secretary**

Date

9/26/2003

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
PCD	James D. Egan	31 W. 52nd Street	New York, NY 10019
V	Gregory D. Sposito	31 W. 52nd Street	New York, NY 10019
S	Sandra L. West	60 Wall Street	New York, NY 10005
T	Steve Lapham	60 Wall Street	New York, NY 10005
D	Alexander B. Johnson	60 Wall Street	New York, NY 10005
D	Bruce P. Morrison	31 W. 52nd Street	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:

Sandra L. West

Sandra L. West

10-6-03

212-250-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)