PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham ÉII EO **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 98 JUN - 3 PH 3: 00 L 93520 SILVIUS RYE, INC. DOCUMENT # SECLULA DE STATE TATTA EL DE EL CHIDA 1. Corporation Name Principal Place of Business Mailing Address c/o King & Spalding c/o Daniel Dornier 25 Field Point Drive attn: Wilfried Witthuhn Greenwich, CT 06830 1185 Avenue of the Americas New York, New York 10036-4003 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 8/14/90 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 133 652 519 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Cerblicate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip and/or Directors Dir. 25 Field Point Drive Greenwich, Connecticut 06830 Pres Daniel Dornier 1185 Avenue of the Americas New York, New York 10036-4003 Secr. Wilfried Witthuhn 900002549019--5 -06/05/98--01068--022 ***1200.00 ***1200.00 REINSTATEMENT. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Havs Street Tallahassee, Florida 32301 Suite, Apt. #, Etc. 10. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Ag HEGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 SIGNING OFFICER OR DIRECTOR

M. W. y. J. WULM 5/26/98