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OCT-19-2004 17:00  
Division of Corporations

CT CORPORATION

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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

AMS MANAGEMENT, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$150.00


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M00000000145</b>			
1. Limited Liability Company's Name <b>AMS Management, L.L.C.</b>			
2. Principal Office Address <b>600 East Las Colinas Blvd., Suite 400</b>		3. Mailing Office Address <b>600 East Las Colinas Blvd., Suite 400</b>	
Suite, Apt. #, etc. <b>Legal Department</b>		Suite, Apt. #, etc. <b>Legal Department</b>	
City & State <b>Irving, TX</b>		City & State <b>Irving, TX</b>	
Zip	Country	Zip	Country
<b>75039</b>	<b>USA</b>	<b>75039</b>	<b>USA</b>
4. State/Country of Formation <b>Delaware</b>		5. Date Organized or Qualified To Do Business in Florida <b>1/25/2000</b>	
6. FEI Number <b>75-2853957</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

8. Name and Address of Current Registered Agent

Name		
<b>CT Corporation System</b>		
Street Address (P.O. Box Number is Not Acceptable)		
<b>1200 South Pine Island Road</b>		
Suite, Apt. #, Etc.		
City		
<b>Plantation</b>		
State	Zip Code	
<b>FL</b>	<b>33324</b>	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent	<i>Conita Berger</i>	Date	<b>10/18/04</b>
REGISTERED AGENT MUST SIGN			

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
<b>MEM</b>	<b>WXIMcN Realty, L.L.C.</b>	<b>600 East Las Colinas Blvd., Suite 400</b>	<b>Irving, TX 75039</b>

**STATEMENT OF**  
*des*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.405, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager	<i>Ron K. Berger</i>	Date	<b>10/18/2004</b>	Daytime Phone #	<b>972-368-2200</b>
Typed or printed name of signing Managing Member/Manager <b>Ron K Berger, Secretary &amp; Vice President of Managing Member</b>					