

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

M01000000619

FILED
2002 NOV 25 PM 1:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000619
Name and Mailing Address

0008728 01 FP 0.352 **PRSRT H8 0 0615 10010-364399
ALCAZAR LLC
11 MADISON AVENUE
NEW YORK NY 10010-3643



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/21/2001	
Principal Place of Business 11 MADISON AVENUE NEW YORK NY 10010		6. FEI Number APPLIED FOR	
		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Thomas J. Whener</i> Date <i>11/13/02</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PTG HOLDINGS, INC.	11 MADISON AVENUE	NEW YORK NY 10010
			300009202463

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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 *Elisabeth* Date *11/19/02* Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)

REINSTATEMENT 2002



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 818904 163137A

AUTHORIZATION :

Patricia P. Smith

COST LIMIT : \$ 150.00

ORDER DATE : November 13, 2002

ORDER TIME : 9:50 AM

ORDER NO. : 818904-005

CUSTOMER NO: 163137A

CUSTOMER: Ms. Catherine Sielski
Credit Suisse First Boston
Floor 16th, 11 Madison Avenue
16th Floor
New York, NY 10010

RECEIVED
02 NOV 25 AM 11:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: ALCAZAR LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons 521-0821 EXT. 1139

EXAMINER'S INITIALS _____