


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M02000003059

FILED
04 JUL 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000003059

1. Limited Liability Company's Name

PS COMMERCIAL PLAY, LLC

BK

2. Principal Office Address		3. Mailing Office Address	
12325 West Sample Road		430 Chestnut Street	
Suite, Apt. #, etc.		Suite 300	
City & State		City & State	
Coral Springs, FL		Chattanooga, TN	
Zip	Country	Zip	Country
33065-8002	USA	37402	USA

4. State/Country of Formation	
Delaware	
5. Date Organized or Qualified To Do Business in Florida	
11/18/02	
6. FEI Number	Applied For
20-0173831	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$5.00 Additional Fee required for a Certificate of Status	

8. 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

State
FL

Zip Code
33324

180039576011
07/27/04--01073--006 **205 00

9. 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 _____

JENNIFER F AULTMAN
ASSISTANT SECRETARY

REGISTRED AGENT MUST SIGN

Date 7.22.04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Robert A. Farnsworth	430 Chestnut St., Ste. 300	Chattanooga, TN 37402
MGR	Michael S. Shein	Chartwell Investments, Inc. 830 Third Ave., 3rd Floor	New York, NY 10022
MGR	Justine Gordon	Chartwell Investments, Inc. 830 Third Ave., 3rd Floor	New York, NY 10022

REINSTATEMENT 2003-2004

11. 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 _____

Date 6/16/04

Daytime Phone # 423-425-3165

Typed or printed name of signing Managing Member/Manager A. Joseph Weiner

CR2E041 (10/02)