


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000003059 1. Entity Name PS COMMERCIAL PLAY, LLC	
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FILED

07 NOV -6 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 430 CHESTNUT STREET SUITE 300 CHATTANOOGA, TN 37402 US	Mailing Address 430 CHESTNUT STREET SUITE 300 CHATTANOOGA, TN 37402
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2. Principal Place of Business - No P.O. Box # 401 Chestnut St. Suite, Apt. #, etc. Suite 310	3. Mailing Address 401 Chestnut St. Suite, Apt. #, etc. Suite 310
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10242007 REIN-LLC CR2E101 (1/07)

City & State Chattanooga, TN Zip 37402	City & State Chattanooga, TN Zip 37402
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4. FEI Number 20-0173831	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARNSWORTH, ROBERT A			NAME	Andrew Sohn		
STREET ADDRESS	430 CHESTNUT STREET, STE. 300			STREET ADDRESS	Bear Stearns Merchant Banking 10179		
CITY-ST-ZIP	CHATTANOOGA, TN 37402			CITY-ST-ZIP	383 Madison Ave., 40th Fl. New York, NY		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEIN, MICHAEL S			NAME	Rick Ruegger		
STREET ADDRESS	830 THIRD AVE., 3RD FLOOR			STREET ADDRESS	410 Chestnut St. Suite 310		
CITY-ST-ZIP	NEW YORK, NY 10022			CITY-ST-ZIP	Chattanooga, TN 37402		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JUSTINE			NAME			
STREET ADDRESS	830 THIRD AVE., 3RD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

REINSTATEMENT

2007

200111584982
11/01/07--01040--002 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark C. Mathys Mark C. Mathys 10/24/07 (423) 425-3136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #