

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB 15 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M03000004233

1. Limited Liability Company's Name

MSPA Acquisition II GP, L.L.C.

04

BK

2. Principal Office Address  
1585 Broadway

3. Mailing Office Address  
1585 Broadway

Suite, Apt. #, etc.  
37th Floor

Suite, Apt. #, etc.  
37th Floor

City & State  
New York, NY

City & State  
New York, NY

Zip  
10036

Country  
USA

Zip  
10036

Country  
USA

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified  
To Do Business in Florida 12/19/2003

6. FEI Number 20-0470485

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$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 100046928841

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

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
MGRM	MSPA SENIOR MEZZCO II, L.L.C.	1585 Broadway, 37th Floor	New York, NY 10036
			100046928841 02/21/05--01027--008 **\$5.00
			REINSTATEMENT 2004-2005
			100046928841 02/21/05--01027--008 **\$5.00

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 02/10/05

Daytime Phone # 617-946-2033

Typed or printed name of signing Managing Member/Manager See attached signature page

CR2E041 (10/02)

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Signature Page

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Limited Liability Company Reinstatement

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MSPA ACQUISITION II GP, L.L.C.

By: MSPA Senior Mezzco II, L.L.C.,  
its Managing Member

By: John Baczewski  
John Baczewski