


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>MA8-365 m97-52</u>		00 FILED DEC -4 AM 11:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name PricewaterhouseCoopers Investment Advisors LLC			
2. Principal Office Address 1301 Avenue of the Americas Suite, Apt. #, etc. City & State New York, NY Zip 10019 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 02-11-97	
6. FEI Number M 97000000052		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$500 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <u>Corporation Service Company</u> <u>200003500272</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u> Suite, Apt. #, Etc. <u>Tallahassee, Florida 32301</u> City <u>Tallahassee</u> State <u>FL</u> Zip Code <u>32301</u>			
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 <u>Maria E. Garcia</u> Maria E. Garcia-Authorized Person Date <u>Nov. 28, 2000</u> 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
	Michael Kennedy, Pres.	2 Commerce Sq., Suite 1700 2001 Market Street	Philadelphia, PA 19103
	Bernard Palmer, C.O.O.	1301 Avenue of the Americas	New York, NY 10019
	Bernard Kent, V.P.	400 Renaissance Center	Detroit, MI 48243
	Paul Bracaglia, V.P.	2 Commerce Sq., Suite 1700 2001 Market Street	Philadelphia, PA 19103
	Shawn Samperi, V.P., Sec'y	1301 Avenue of the Americas	New York, NY 10019
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 <u>Bernard E. Palmer</u> Date <u>10/30</u> 2000 Daytime Phone # <u>212-259-2743</u> Typed or printed name of signing Managing Member/Manager <u>Bernard E. Palmer, C.O.O.</u>			

CR2E041 (9/00)