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From:
Account Name : C T CORPORATION SYSTEM
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REINSTATEMENT 04,05,06

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

PRICEWATERHOUSECOOPERS INVESTMENT ADVISERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$250.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000052

1. Limited Liability Company's Name
PricewaterhouseCoopers Investment Advisers LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
300 Madison Avenue	300 Madison Avenue
Suite, Apt. #, etc. Room 21317	Suite, Apt. #, etc. Room 21317
City & State New York, NY	City & State New York, NY
Zip 10017 Country USA	Zip 10017 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/4/2000

6. FEI Number: 52-1951525 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee is 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Melissa Fox Assistant Secretary
REGISTERED AGENT SIGNATURE

Date: 3/21/06

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael B. Kennedy	2001 Market Street	Philadelphia, PA 19103
MGR	Bernard Palmer	10 Tenth Street	Atlanta, GA 30309
MGR	Bernard S. Kent	1900 St. Antoine Street	Detroit, MI 48226
MGR	Paul Bracaglia	2001 Market Street	Philadelphia, PA 19103
MGR	Shawn Samperi	300 Madison Avenue	New York, NY 10017

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: [signature] Date: 03/13/2006 Daytime Phone #: 646-471-3000

Typed or printed name of signing Managing Member/Manager: Shawn Samperi