

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF STATE
Gloria E. Long
Secretary of State
DIVISION OF CORPORATIONS

M99000001823

FILED

04 JAN 29 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001823

Name and Mailing Address

0015413 01 MB 0.309 **AUTO T7 0 0615 10577-211399



AP-GP ADLER 2, L.L.C.
2 MANHATTANVILLE ROAD
PURCHASE NY 10577-2113

9/26/03 BJK



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/18/1999	
Principal Place of Business 2 MANHATTANVILLE ROAD PURCHASE NY 10577	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0961688	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 Deborah D. Skipper **DEBORAH D. SKIPPER** **Asst. V. Pres.** Date 1/29/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KRONUS PROPERTY IV, INC.	2 MANHATTANVILLE ROAD	PURCHASE NY 10577
			200027881702

12. 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 Ronald J. Solotruk **SIG** **RONALD J. SOLOTROK** Date 01/26/2004 Daytime Phone # 914-694-8000

Typed or printed name of signing Managing Member/Manager Ronald J. Solotruk

CR2E094 (7/03)



CORPORATION SERVICE COMPANY™

M99000001823

ACCOUNT NO. : 072100000032

REFERENCE : 414685 4387288

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 200.00

ORDER DATE : January 28, 2004

ORDER TIME : 10:02 AM

ORDER NO. : 414685-005

CUSTOMER NO: 4387288

CUSTOMER: Mr. Tom Jordan (ap Epoch)
Apollo Real Estate Advisors,
2nd Floor
2 Manhattanville Road
Purchase, NY 10577-2118

JP

FILED
JAN 29 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: AP-GP ADLER 2, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS _____

M98000000434

4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 JAN 29 PM 6:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98000000434 1. Limited Liability Company's Name EPSG COMMPAY SERVICES LLC Cross Reference Name PAYCOMM LLC			
2. Principal Office Address 2835 North Naomi Street Suite, Apt. #, etc. City & State Burbank, CA Zip Country 91504 USA		3. Mailing Office Address c/o Ben-Zvi and Beck Suite, Apt. #, etc. 611 W. Sixth Street, #2620 City & State Los Angeles, CA Zip Country 90017 USA	
		4. State/Country of Formation Nevada 5. Date Organized or Qualified To Do Business in Florida 04/22/1998 6. FEI Number 88-0391098 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State Zip Code FL 32301-2525			
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 <i>Jeanine Reynolds</i> Jeanine Reynolds as its agent REGISTERED AGENT MUST SIGN Date 01/29/2004			
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	Draney, Robert W.	410 Nevada Highway, Suite 200	Boulder City, NV 89005
MGR	Peterson, Jack L.	410 Nevada Highway, Suite 200	Boulder City, NV 89005
MGR	Fabrick, Howard D.	2029 Century Park East, Suite 2600	Los Angeles, CA 90067
REINSTATEMENT 2003-2004 500027911065			
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 606.406, 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 <i>J. Peterson</i> Date 01/29/2004 Daytime Phone # (818) 455-6000 Typed or printed name of signing Managing Member/Manager			

CR2E041 (1/002)

CSC

CORPORATION SERVICE COMPANY™

M98000000434

ACCOUNT NO. : 072100000032

REFERENCE : 416887 4336016

AUTHORIZATION :

Patricia Pugh

COST LIMIT : \$ 205

ORDER DATE : January 29, 2004

ORDER TIME : 3:53 PM

ORDER NO. : 416887-005

CUSTOMER NO: 4336016

CUSTOMER: Trina Adams
Sheppard Mullin Richter &
19th Floor
501 West Broadway
San Diego, CA 92101

REINSTATEMENT

NAME: EPSG COMMPAY SERVICES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS

FILED
04 JAN 29 PM 6:48
TALLAHASSEE, FLORIDA

RECEIVED
04 JAN 29 PM 4:09
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 JAN 29 PM 6:48
TALLAHASSEE, FLORIDA