

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

98 MAY 19 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/08/98--01071--027  
\*\*\*1358.75 \*\*\*1358.75

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P38617

1. Corporation Name

UNIVERSITY MORTGAGE ACQUISITION CORPORATION

Principal Place of Business

Mailing Address

C/O CREDIT SUISSE FIRST BOSTON CORPORATION  
ELEVEN MADISON AVENUE  
NEW YORK, NY 10010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida MAY 1, 1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3641774	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RUSSELL APPEL	ELEVEN MADISON AVENUE	NEW YORK, NY 10010
V	GREGORY W BURNES	ELEVEN MADISON AVENUE	NEW YORK, NY 10010
S	LORI M RUSSO	ELEVEN MADISON AVENUE	NEW YORK, NY 10010
T	DIANE MANNO	ELEVEN MADISON AVENUE	NEW YORK, NY 10010
DOT	THOMAS A DEGENNARO	ELEVEN MADISON AVENUE	NEW YORK, NY 10010

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORP.SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent David Shelly Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

1 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: Thomas A Degennaro DIRECTOR OF TAXES 7/02/98 212-325-1994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
THOMAS A DEGENNARO

CR2E040 (12/96)