

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
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REINSTATEMENT 94-98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	MAY 1, 1992
5. FEI Number	13-3641774
Applied For	Not Applicable
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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 Zip Code
FL

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: Paul 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

CC2E040 (12/96)