


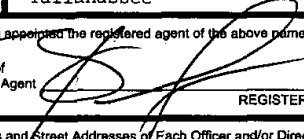
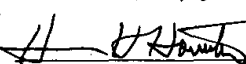
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000068638			
<b>1. Corporation Name</b> Monte Vista Orlando, Inc.			
<b>2. Principal Office Address</b> 125 Summer Street Suite, Apt. #, etc. --- City & State Boston, MA Zip 02110-1616		<b>3. Mailing Office Address</b> One California Street Suite, Apt. #, etc. #1400 City & State San Francisco, CA Zip 94111-5415	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		<b>5. FEI Number</b> 693397353	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status		01	

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>7. Name and Address of Current Registered Agent</b>	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc. ---	
City Tallahassee	State FL
Zip Code 32301-2607	

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\*\*\*\*750.00 \*\*\*\*750.00

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
Signature of Registered Agent 		<b>Brian Courtney</b> as its agent REGISTERED AGENT MUST SIGN	
Date 11/30/2001		CR2001 (9/00)	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Thomas P. Lydon, Jr.	One N. Broadway #500	White Plains, NY 10601-2301
D/CFO	William A. Finelli	One N. Broadway #500	White Plains, NY 10601-2301
D/P	Jill S. Hatton	125 Summer Street	Boston, MA 02110-1616
VP/S	Herman H. Howerton	One California Street #1400	San Francisco, CA 94111-5415
VP/COO	Lisa Mitchelson	125 Summer Street	Boston, MA 02110-1616
T	Ralph V. Marra	One N. Broadway #500	White Plains, NY 10601-2301
<b>10. 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 filing 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)(i), 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.</b>			
<b>SIGNATURE:</b> 		<b>Herman H. Howerton</b> Date 11/27/01 415-678-2138	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	