

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 23 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 980000012671

1. Corporation Name

ETJ-SCAPE, INC.

2. Principal Office Address

C/O SunAmerica

Suite, Apt. #, etc.

1999 Avenue of the Stars

City & State

Los Angeles, CA

Zip

90067-6022

Country

USA

3. Mailing Office Address

C/O SunAmerica

Suite, Apt. #, etc.

1999 Avenue of the Stars

City & State

Los Angeles, CA

Zip

90067-6022

Country

USA

REINSTATEMENT

80-01

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/98

SP

5. FEI Number

593518654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

400003623824--0

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

02/02/01 01014 11

****150.00 ****150.00

Suite, Apt. #, Etc.

400003623824--0

City

Plantation

State

FL

02/02/01 01014 12

****158.75 ****158.75

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.

Signature of
Registered Agent

Charlie Shampang

Date

1-22-01

REGISTERED AGENT MUST SIGN Asst Secretary

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael L. Fowler	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022
VP/AS	Alan T. Fair	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022
CT/CFO	N. Scott Gillis	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022
AS	Virginia Puzon	C/O SunAmerica 1999 Avenue of the Stars	Los Angeles, CA 90067-6022

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.

SIGNATURE:

Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan T. Fair

Date

1/17/01

Daytime Phone #

310 772-6637

CR2E081 (9/99)