


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

FILED

01 AUG 10 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000032798 1. Corporation Name DD LAUDERDALE CORP.			
2. Principal Office Address c/o DRA Advisors, Inc. 220 E. 42nd St. Suite, Apt. #, etc. 27th Fl. City & State New York, NY Zip 10017		3. Mailing Office Address c/o DRA Advisors, Inc. 220 E. 42nd St. Suite, Apt. #, etc. 27th Fl. City & State New York, NY Zip 10017	
Country USA		Country USA	

**REINSTATEMENT** 09/01

4. Date Incorporated or Qualified To Do Business in Florida 04/09/98	
5. FEI Number 13-4001476	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. 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 FL
Zip Code 32301		

500004528395--4

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 Tatatha Miller ASST VP Date 8/9/01

REGISTERED AGENT MUST SIGN

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
Pres.	Francis X. Tansey	c/o DRA Advisors, Inc. 220 E. 42nd St., 27th Fl.	New York, NY 10017
V.P. - Sec.	David Luski	c/o DRA Advisors, Inc. 220 E. 42nd St., 27th Fl.	New York, NY 10017
V.P. - Treas	Brian Summers	c/o DRA Advisors, Inc. 220 E. 42nd St., 27th Fl.	New York, NY 10017
V.P. - Asst. Sec.	Andrew E. Peltz	c/o DRA Advisors, Inc. 220 E. 42nd St., 27th Fl.	New York, NY 10017 <b>LS</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)(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 [Signature] Brian Summers, Vice Pres. Date 8/9/01 212-697-4740 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

2072



ACCOUNT NO. : 072100000032  
REFERENCE : 409796 4302355  
AUTHORIZATION : Patricia Pignato  
COST LIMIT : \$ 1050.00

ORDER DATE : August 9, 2001  
ORDER TIME : 9:40 AM  
ORDER NO. : 409796-005  
CUSTOMER NO: 4302355  
CUSTOMER: Ralph D. Mosley, Legal Asst  
Blank Rome Tenzer Greenblatt  
15th Floor  
405 Lexington Avenue  
New York, NY 10174

DOMESTIC FILINGS

NAME: DD LAUDERDALE CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight 1156  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 AUG 10 AM 10:27  
DIVISION OF CORPORATION