

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M00000001393

1. Limited Liability Company's Name
PAH DEUCE GP, LLC

CR2ED41 (8/05)

2. Principal Office Address 345 PARK AVENUE		3. Mailing Office Address 345 PARK AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10154	Country USA	Zip 10154	Country USA

4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 07/13/2000	
6. FEI Number 75-2753849	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 120 HAYS STREET	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State Zip Code FL 32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jacqueline N. Casper Date 10/25/2006
 REGISTERED AGENT MUST SIGN Jacqueline N. Casper

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DENNIS MCDONAGH	345 PARK AVENUE	NEW YORK, NY 10154

REINSTATEMENT 2005-06

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [Signature] Date 10/25/06 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager Dennis McDonagh