

APPROVED
 AND
 FILED

1998 APR -2 PM 3:46

SECRETARY OF STATE

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Name and Mailing Address of Corporation: DOCUMENT # T96000004435 BCMSL Corp. c/o Blackrock Capital Finance L.P. 345 Park Avenue New York, New York 10154		2. If Address in Block 1 is incorrect or the way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. Address _____ Address _____ City and State _____ Zip Code _____	
3. Date Incorporated or Qualified To Do Business in Florida 8/28/96	4. FEI Number 13-3910416	5. FEI Number Applied For	6. <input type="checkbox"/> FEI Number Not Applicable <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED
6. Names and Street Addresses of Each Officer and/or Director			
1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
DP	Edons, Wesley R.	345 Park Avenue	New York, NY 10154
DVT	Kauffman, Robert I.	345 Park Avenue	New York, NY 10154
DVS	Nardone, Randal	345 Park Avenue	New York, NY 10154
REINSTATEMENT '97-'98 SCC 4-2-98			
7. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324		8. Name and Address of New Registered Agent and/or Office Name _____ Street Address (Do NOT Use P.O. Box Number) _____ Street Address (Do NOT Use P.O. Box Number) _____ City and State _____ Zip _____	
9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0808, F.S. Signature of Registered Agent: SEE ATTACHED Date: _____ REGISTERED AGENT MUST SIGN			
10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation 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 Officer or Director: _____ Typed or printed name of signing officer or director: Randal Nardone, VICE PRESIDENT		Date: 3/31/98 Daytime Phone #: 212-821-6047	

This instrument prepared by:
 Brian L. Bilzin, Esquire
 Florida Bar No. 344252
 BILZIN SUMBERG DUNN & AXELROD LLP
 2800 First Union Financial Center
 Miami, Florida 33131-2336
 Telephone: 305-374-7580

FAX AUDIT NO. H98-6370

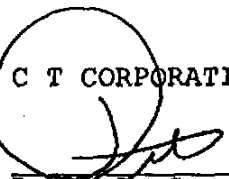
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FAX AUDIT NO. H98-6370

ACCEPTANCE OF APPOINTMENT

Pursuant to Section 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as* registered agent of BCMSL CORP., a Delaware corporation, and agrees to act in that capacity and to comply with the provisions of the Florida Business Corporation Act (1990), relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of Section 607.0505, Florida Statutes.

Dated March 31 , 1998,

C T CORPORATION SYSTEM

Peter F. Souza
Special Assistant Secretary

*Florida

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075350000132

ACCT#:

CONTACT: KENDALL SPARKMAN
PHONE: (305)374-7580
(305)350-2446

FAX #:

NAME: BCMSL CORP.

AUDIT NUMBER.....H98000006370

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