

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FA5000003089

1. Corporation Name
Atrium Apartments, Inc.

Principal Place of Business Mailing Address
C/o Related - Legal Dept
625 Madison Ave
NY, NY 10022

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 0899

4. Date Incorporated or Qualified To Do Business in Florida 8/11/95

5. FEI Number 13-3842047 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	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 / State / Zip
D/p	Edward W. Marron, Jr	625 Madison Ave	NY, NY 10022
SVP	David Levine	"	"
TSVP	John Sokolovic	"	"
VP	Robert Cahn	"	"
D	Paul Hellmers	"	"
D	Andrew Augenblick	"	"

*****900.00 *****900.00
-03/09/99--01088--020
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State | Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Charles W Meyer REGISTERED AGENT MUST SIGN
CHARLES W. MEYER SPECIAL ASST. SECRETARY Date 3/3/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

12. 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: Robert Cahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 Date
212-521-6443 Daytime Phone #

CRS 03/01/99