

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -3 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002555

1. Corporation Name

SSR Realty Advisors, Inc.

2. Principal Office Address

10 Park Avenue

Suite, Apt. #, etc.

P O Box 2346

City & State

Morristown, NJ

Zip

07964

Country

USA

3. Mailing Office Address

One California Street

Suite, Apt. #, etc.

#1400

City & State

San Francisco, CA

Zip

94111-5415

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/14/1997

5. FEI Number

94-3262034

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

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Carrie Ryan

REGISTERED AGENT MUST SIGN

Date

7/3/03

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
Dir	Richard S. Davis	One Financial Center 31st Floor	Boston, MA 02111
COO	William A. Finelli	10 Park Avenue, P O Box 2346	Morristown, NJ 07964
Pres.	Frederich Lieblich	10 Park Avenue, P O Box 2346	Morristown, NJ 07964
Sec	Herman H. Howerton	One California Street, #1400	San Francisco, CA 94111
VP	Mary Ann Maurer	10 Park Avenue, P O Box 2346	Morristown, NJ 07964
Treas	Michael Cinque	10 Park Avenue, P O Box 2346	Morristown, NJ 07964

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:

William A. Finelli

William A. Finelli 6/24/03

415-678-2138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3