

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 25 AM 11:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P26026

1. Corporation Name
Related Advantaged Residential Associates, Inc.

Principal Place of Business Mailing Address
625 Madison Ave c/o Related
NY, NY 10022 625 Madison Ave
Attn: Legal NY, NY 10022
Attn: Legal

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc. c/o Related, 625 Madison Ave
City & State 5th FLOOR - Legal
NY, NY
Zip 10022

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida 7/12/88

5. FEI Number 13-3272194

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	J. Michael Fried	625 Madison Ave	NY, NY 10022
S	Teresa Wicelinski	"	"
D	Stephen M. Ross	"	"
SVP	Alan Hirmes	"	"
SVP	Stuart Boesky	"	"

500002732755-2
-03/03/99-01004-001
***300.00 ***300.00

8. Name and Address of Current Registered Agent

IT Corporation System
1200 S. 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 FL Zip Code

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 Asst. Secy.
REGISTERED AGENT MUST SIGN

Date 2/24/99

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

(See other side for information on intangible tax)

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: X [Signature] Wicelinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (212)421/5333
Date Daytime Phone

Corp Form 1-99