

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -4 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20026**

1. Corporation Name

RELATED ADVANTAGED RESIDENTIAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

625 MADISON AVENUE
ATTN: LEGAL
NEW YORK NY 10022

% RELATED. 625 MADISON AVENUE
5TH FLOOR - LEGAL
NEW YORK NY 10022



REINSTATEMENT

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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

4. Date Incorporated or Qualified
Av. Do Business in Florida

07/12/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

13-3272194

Not Applicable

Zip

Country

Zip

Country

New York, NY 10022

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	4 City / State / Zip
PD	FRIED, J. MICHAEL	625 MADISON AVENUE	NEW YORK NY 10022
S	WICELINSKI, TERESA	625 MADISON AVENUE	NEW YORK NY 10022
D	ROSS, STEPHEN M	625 MADISON AVENUE	NEW YORK NY 10022
SVP	HIRMES, ALAN	625 MADISON AVE	NEW YORK NY 10022
SVP	BOESKY, STUART	625 MADISON AVENUE	NEW YORK N. 10022
P	BRENNER, MICHAEL	625 MADISON AVENUE	NEW YORK, NY 10022 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

200003514972--1

City

Tallahassee

12/27/00

State

FL

Zip Code

007

***750.00

State

FL

Zip Code

007

***750.00

State

FL

Zip Code

007

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

John S. Hoernig
REGISTERED AGENT MUST SIGN

Date

12/19/00

11. 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:

Samuel W. Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/00

Daytime Phone #

812 421-5333