• •	PLEASE READ A	LL INSTRU	CTIONS	BEFORE C	OMPLETING TH	HIS FORM.	
·F		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		OF STATE am ate		_ED	
DOCUMENT # 1/29536					99 JUN 10 PH 12: 29		
1. Corporation Name					SLUM HASSEE, FLORIDA		
Woodgate Manor, Inc.					1 Athle Friday	S.C. (1) 1 30 5	
Principal Place of Business c/o Related Services C orp 8211 W Broward Blvd ste 350 Plantation, FL 33324 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTA	TEMENT OF CHIL	
New Principal Office Address, If Applicable New Principal Office Address, If Applicable C/O The Related Companies, Inc.					Date Incorporated or Qualified To Do Business in Florida 07/27/1988		
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc. 625 Madison Avenue			5. FEI Number	, Applied For	
City & State		City & State NY, NY 10022			59-2903774 6.	.: Not Applicable	
Zip	Country	Zip 10022		ountry JSA	CERTIFICATE OF STATUS	DESIRED X	
7. Names and	'. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Disctors) Name of Officers Street Address of Each						
Title(s)	Name of Offic and/or Directo 2	ers ors	3 (Do NO	Officer and/or I OT Use Post Office	Director e Box Numbers)	City/State/Zip	
Director Presiden	irector Stephen M. Ross resident		625 Madison Avenue		enue	New York,NY · 10022	
Secretary Susan J. McGuire			625 Madison Avenue NY,NY 10022				
EVP	Michael Brenner		625 Madison Avenue NY,NY 1002				
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	8. Name and Address of Curre	ent Registered Aç	ent	A/	9. Name and Addre	ess of New Registered Agent	
Ben H. Lyons c.o Related Services Corp. 8211 W Broward Blvd Ste 350					T Corporation System Gress (P.O. Box Number is Not Acceptable) South Fine Island Road pt. #, Etc.		
Plantation, F1. 33324 City Plantation FL 333324							
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 Outles Office Assistant SECRETARY Date							
REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the							
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)							
lease the Div certify that I a this reinstate	rision of Corporations from any liability of am an officer or director or the receiver ment application the reason for dissolute	of non-compliance wi for trustee empowere ion has been elimina	th Section 119.0 d to execute this sted, the corpora	07(3)(k) in the event t s application as provi ate name satisfies the	hat the information supplied ded for in chapter 607 or 617 requirements of section 607	tion 119.07(3) (k), Flonda Statutes. I re- is deemed exempt from public access.! 7, F.S. I further certify that when filing 7.0401 or 617.0401, F.S., and that all ave the same legal effect as if made	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME SIGN NO OFFICER OR DIRECTOR Day							
FLOID-CT System Online Sustan J. McGuire, Day							