

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

00 AUG 28 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT # F93000003892**

1. Corporation Name

THE RELATED REALTY GROUP, INC.

2. Principal Office Address  
Attn: Legal Dept.  
625 Madison Ave.  
Suite, Apt. #, etc.

City & State  
New York, NY

Zip 10022 Country US

3. Mailing Office Address  
Attn: Legal Dept.  
625 Madison Ave.  
Suite, Apt. #, etc.

City & State  
New York, NY

Zip 10022 Country US

4. Date incorporated or Qualified  
To Do Business in Florida 08/26/1993

5. FEI Number 13-3627393  
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

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-09/13/00--01056--001  
\*\*\*\*900.00 \*\*\*\*900.00

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  
REGISTERED AGENT MUST SIGN

EDWARD GWISDALLA  
Assistant Vice President

Date 8/20/00

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
PCD	ROSS, STEPHEN M	625 Madison Ave.	New York, NY 10022
VD	BRENNER, MICHAEL	625 Madison Ave.	New York, NY 10022
S	MCGUIRE, SUSAN J	625 Madison Ave.	New York, NY 10022
D	BLAU, JEFF T	625 Madison Ave.	New York, NY 10022

REINSTATEMENT 99-00  
JMM

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/2000 212421-5333

CR2E081 (9/99)