PLEASE READ	ALL INSTRUCTION	ONS BEFORE (OMPLETIN	IG THIS FORM.	
APPLICATION FOR REINSTATEMENT	Sandra B Secretar	TMENT OF STATE B. Mortham ry of State CORPORATIONS	FILED		
DOCUMENT # 257802		: : - 		98 DEC -7 PM 12: 21	
1. Corporation Name Guilford Realty Co.			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business	Mailing Address				
633 Third Avenue 633 Third Avenue 4th Floor New York, NY 10021 New York, NY 10021			REINSTATEMENT 9800		
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable	ough incorrect information an 3. New Mailing Office Add		Date Incorporated or Qualified		
Suite, Act. ±, etc	Suite, Apt. #. etc.		To Do Susiness in Florida 4/10/62 5. FEI Number Applied For		
City & State	City & State		59-0994344 Not Applicat =		
Zip Country	Zip	Country	6. CERTIFICATE O		dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each					
Titte(s) and/or Directors Officer and/or D 2 3 (Do NOT Use Post Office			r	City / State	Z:
PDT Michael P. Gutnick 633 Third Avenue New York, NY 10021					
					
		20002706432 0 -12/09/9801003029 *****750.00 *****750.00			
			of a function of		, <u>.</u>
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
Corporation Service Com 1201 Hays Street	Intra	Intrastate Registered Agent Corp. Street Address (P.O. Box Number is Not Acceptable)			
Tallahassee, Florida 3		701 Brickell Avenue, Ste. 3000 Suite. Apt. #, Etc.			
City					Code
10. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. INTRASTATE REGESTERED AGENT CORP. Signature of Registered Agent. Date 12/4/58					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No On intangible (2x.)					
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 filling 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 OF FRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Deptime = 200 Berline = 200 Berl					