2005 FOR PROFIT CORPORATION REINSTATEMENT

	175114017	4 1 P141 P14 1									
DOCUI 1. Entity Name GENERAL				FILED 05 DEC -8 PM 12: 50							
							1.ma				
Principal Place of Business Mailing Address											
ONE LIBERTY NEW YORK, N		ONE LIBERTY PŁAZA New York, ny 10006					., .	•			
NEW TORK, N	10000	MEN TORK, NY 10000			ļ	r indiri iriki d	14 B) B) B) B) B B) B†	N GIGIN SIGN GIGIN I	AIGH BIBN BIBN	*(8\$) (\$ (88)	
Principal Place of Business 3. Mailing Address				.							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				10182005	REIN-P	CR2E09	98 (6/04)		
City & State	9	City & State				4. FEI Number 13-5617				plied For Applicable	
Zip	Country	Zip	try	5. Certificate of			Desired S8.75 Additional				
	6. Name and Address of Current Registered Agent			Ι .				F	ee Required	d	
	o. Haine and Address of Curient		7. Name and Address of New Registered Agent IS MARTOS								
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)					DIRECTOR OF RISK MANAGEMENT Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAI	NES ST	2160	_SW_	10TH S	TREET						
TALLAHASSEE, FL 32399-0000					To Code						
City M I							· · · · · · · · · · · · · · · · · · ·	FL		5-5038	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE LUIS MALTOS Luis Wayton 22 NOV 2005											
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Register	ed Agant signa	ture require	ed when reinstating)		DATE			
FILE	: NOW!!! FEE IS \$750.00										
	uary 1, 2006, Fee will be \$900.0	00								j	
10.	OFFICERS AND		11.	1		ADDITIONS/C	CHANGES TO OF		_		
TITLE NAME	CD BALZER, GIORGIO	☐ Delete	TITU NAM	· 1		90	00620		☐ Change	☐ Addition	
STREET ADDRESS	ONE LIBERTY PLAZA			STREET ADDRESS		12/08/	00520 0501046	015	**750.	. 00	
CITY-\$T-ZIP	277 10111,117 10000		-	-ST-ZIP		•			Change	☐ Addition	
TITLE NAME	P Delete CARNICELLI, CHRISTOPHER		TITL!	NAME CH		AIRMAN			Cy change	Addition	
STREET ADDRESS				ET ADDRESS -ST-ZIP							
CITY-ST-ZIP	NEW YORK, NY 10006				PR	ESIDENT			Change	Addition	
NAME	MARTINI, JOHN			IE							
STREET ADDRESS CITY-ST-ZIP	51.2.2.2			ET ADDRESS -ST-ZIP							
TITLE	VPT St Delete				CEN	TOD VIC	E PRESI	DENT	X Change	Addition	
NAME	LAZARO, TOMASITO A		NAM			E MENEN		DENI			
STREET ADDRESS CITY-ST-ZIP	ONE LIVERTY PLAZA NEW YORK, NY 10006			ET ADDRESS '-ST-ZIP				, NEW	YORK,	N.Y.10006	
TITLE	SRVP	Delete	FITL	E	ı		E PRESI	DENT	X Change	Addition	
NAME	D'AMATO, RICHARD G ONE LIBERTY PLAZA		NAM	ie Eet address		RICIO C	'ANEDA 'Y PLAZA				
STREET ADDRESS CITY-ST-ZIP	NEW YORK, NY 10006			'-ST-ZIP	l			0.0.6			
TITLE .	SVPS	☐ Delete	TITL		7	5 12/a	105		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRI	EET ADDRESS	رت زيخًا	TO THE PROPERTY OF			NS		
CITY-ST-ZIP	NEW YORK, NY 10006		CITY	-ST-ZIP	\$ 500	<u> </u>	THE COST	क्षा स्टब्स		200	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like impowered.											
SIGNATURE: 11/22/05 (212)602-7600											
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4											