

APPLICATION FOR REINSTATEMENT FOR The Related Companies, Inc.
FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 NOV -3 PM 3: 31
 SECRETARY OF STATE

Make Check Payable To: Department of State

1 Name and Mailing Address of Corporation **DOCUMENT # 848954**
 The Related Companies, Inc.
 625 Madison Avenue
 New York, New York 10022

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

2 If Address is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address **800001643378**
-11/22/95--01004--016

Address ******375.00 ****375.00**

City and State

Zip Code

3 Date Incorporated or Qualified To Do Business in Florida **4/27/81** 4 FEI Number **13-2723782**
 FEI Number Applied For
 FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and/or Director

Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	Stephen M. Ross	625 Madison Ave	New York, New York 10022
S/D	Susan McGuire	625 Madison Avenue	New York, New York 10022
EVP	Michael Wechsler	625 Madison Avenue	New York, New York 10022
EVP	James Flood	625 Madison Avenue	New York, New York 10022

REINSTATEMENT 11/3/95

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
 For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FLORIDA 33324

7 Name and Address of New Registered Agent
 Name
 Street Address (Do NOT Use P.O. Box Number)
 Street Address (Do NOT Use P.O. Box Number)
 City and State **FL.** Zip Code

8 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 Ann Marie Cummins **ANN MARIE CUMMINS**
 ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN Date **11/2/95**

9 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Susan McGuire Date **11-1-95** Phone # **(212) 421-5333**
 Typed or printed name of signing officer or director **Susan McGuire**

10 Should you desire a certificate of status check the box
 CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status.