PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 APR 26 AM 10:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

100004079921--4

DOCUMENT # 854427

1. Corporation Name: MCA Realty Services, Ltd, Inc.

2. Principal Office Address	3. Mailing Office Address
485 Madison Ave	485 MADISON AVE
Suite, Apt. #, etc.: 24th FLOOR	Suite, Apt. #, etc.: 24th FLOOR
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 2, 1982

5. FEI Number: 13-3167593 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee, State: FL Zip Code: 32301

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: [signature] BRIAN COURTNEY, ASST. V.P. — REGISTERED AGENT MUST SIGN Date: 4-25-01

CR2E081 (9/00)

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
P	Ronald J. Oehl	485 Madison Ave	New York, NY 10022
S	Laura Pacheco	485 Madison Ave	New York, NY 10022

REINSTATEMENT 2088-01

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] Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/01

Daytime Phone #: 212-753-4570

THE UNITED STATES CORPORATION COMPANY

PS 2nd 2

ACCOUNT NO. : 072100000032

REFERENCE : ~~119365~~ 4714208

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 900.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 26 AM 8:51

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

ORDER DATE : April 18, 2001

ORDER TIME : 3:59 PM

ORDER NO. : 119365-020

CUSTOMER NO: 4714208

CUSTOMER: Mr. Hyman Gross, Esq
STONEHENGE CAPITAL CORPORATION
STONEHENGE CAPITAL CORPORATION
485 Madison Avenue
24th Floor
New York, NY 10022

DOMESTIC FILING

NAME: MCA REALTY SERVICES, LTD., INC

EFFECTIVE DATE:

XX___ CORPORATION REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____