PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**

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

FILED
01 JUN 21 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A08090

1. Name of Limited Partnership
ISLAND DEVELOPERS, LTD.

9/29/00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 550 BROAD STREET | 550 BROAD STREET |
| Suite, Apt. #, etc. SIXTH FLOOR | Suite, Apt. #, etc. SIXTH FLOOR |
| City & State NEWARK, NEW JERSEY | City & State NEWARK, NEW JERSEY |
| Zip 07102-3111 Country | Zip 07102-3111 Country |

4. Date Formed or Registered To Do Business in Florida OCTOBER 10, 1979

5. FEI Number 650558157 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7a. Capital Contributions as shown on Record:
463,421,491.35

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name: CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street

Suite, Apt. #, Etc.: Lower Level

City: Tallahassee State: FL Zip Code: 32301

**FEES:**
1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $68.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year record form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

Its Agent: Cynthia A. Hicks

SIGNATURE (Registered Agent Accepting Appointment) Cynthia A Hicks DATE JUNE 20, 2001

CR2E013 (3/00)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 10a. Registration Document Number |
|---|---|---|---|
| FISHER ISLAND CORPORATION | 550 BROAD ST., 6TH FL<br>C/O MBL LIFE ASSUANCE | NEWARK, NJ 07102-3111<br>CORP. IN LIQUIDATION | F94000002852 |

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REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Frank Casciano DATE JUNE 20, 2001

Typed or Printed Name of General Partner Signing Form FRANK CASCIANO Telephone Number 973-848-2201