

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 DEC 29 PM 3:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000420

1. Corporation Name

19500 TOLEDO BLADE BOULEVARD GP, INC.

03

*NR*

600062473516

CR2E081 (8/05)

2. Principal Office Address

30 Broad Street, 31st Floor

3. Mailing Office Address

30 Broad Street, 31st Floor

Suite, Apt. #, etc.

c/o UrbanAmerica, L.P.

Suite, Apt. #, etc.

c/o UrbanAmerica, L.P.

City & State

New York, NY

City & State

New York, NY

Zip

10004

Country

USA

Zip

10004

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2000

5. FEI Number

58-2516336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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

*Cynthia L. Harris*

**Cynthia L. Harris**  
as its agent

Date

12/29/05

REGISTERED AGENT MUST SIGN

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
PSTD	Hal Reiff	30 Broad Street, 31st Floor	New York, NY 10004

REINSTATEMENT 2003-2005

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:

*Robert Stark*

**ROBERT STARK**  
Vice President, Asset Management

Date

12/29/05 (212) 612-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



CORPORATION SERVICE COMPANY

F00000000420

ACCOUNT NO. : 072100000032  
REFERENCE : 783948 5170790  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 1058.75

FILED  
2005 DEC 29 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 2005

ORDER TIME : 11:01 AM

ORDER NO. : 783948-165

CUSTOMER NO: 5170790

*[Signature]*

REINSTATEMENT

\*\*\*\*FILE 1ST\*\*\*\*

NAME: 19500 TOLEDO BLADE BOULEVARD  
GP, INC.

RECEIVED  
05 DEC 29 PM 12:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2837

EXAMINER'S INITIALS \_\_\_\_\_