


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY -1 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000420					
1. Entity Name 19500 TOLEDO BLADE BOULEVARD GP, INC.					
Principal Place of Business C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004			Mailing Address C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code	
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 <u>Maurice Cullen, Asst V.P.</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>4/24/07</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

5/9/07