

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 NOV -8 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 3

CORPORATION

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

DOCUMENT # F00000005962

1. Corporation Name

CityPlace Equipment Company, Inc.

2. Principal Office Address

c/o The Related Companies, LI

Suite, Apt. #, etc.

625 Madison Ave

City & State

NY, NY 10022

Zip

10022

Country

USA

3. Mailing Office Address

Attn: Lesley Benjamin

Suite, Apt. #, etc.

c/o The Related Companies, LI

City & State

NY, NY

Zip

10022

Country

USA

2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida

10/25/01

5. FEI Number

134140454

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

32301-2525

408884673454-31

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

11/27/01

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
P	KEN HIMMEL	625 MADISON AVE	NY, NY 10022
VPT	MARTY BURGER	625 MADISON AVE	NY, NY 10022
CD	STEPHEN ROSS	625 MADISON AVE	NY, NY 10022
D	JORGE PEREZ	2828 CORAL WAY	MIAMI FL 33145
D	J W O'CONNOR	349 PARK AVE,	NY, NY 10022

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/01

Daytime Phone #

212 421-5333

CR2E01 (9/00)



The Related Companies, L.P.
625 Madison Avenue
New York, New York 10022-1801
212-421-5333 Fax 212-593-5794
One Of The Related Companies

November 6th, 2001

Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

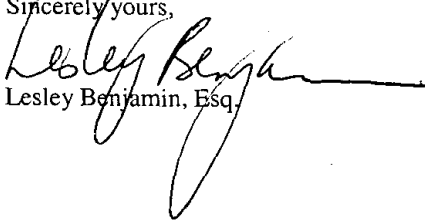
Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Sincerely yours,


Lesley Benjamin, Esq.



3083

ACCOUNT NO. : 072100000032
REFERENCE : 347950 4321791
AUTHORIZATION : *Patricia P. [Signature]*
COST LIMIT : \$ ~~100~~ 150.00

ORDER DATE : November 7, 2001
ORDER TIME : 11:09 AM
ORDER NO. : 347950-030
CUSTOMER NO: 4321791
CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor
New York, NY 10022

DOMESTIC FILINGS

NAME: CITYPLACE EQUIPMENT COMPANY,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS

RECEIVED
01 NOV -7 PM 1:43
DIVISION OF CORPORATION