### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## FLORIDA DEPARTMENT OF STATE APPLICATION FOR

Jim Smith ் ✓ Secretary of State **DIVISION OF CORPORATIONS** 

#### F01000003437 DOCUMENT #

1. Corporation Name

BEACON OWNER CORP.

Principal Place of Business

Mailing Address

C/O THE CORPORATION TRUST COMPANY

1200 ORANGE STREET WILMINGTON DE 19801C/O THE CORPORATION TRUST COMPANY

1200 ORANGE STREET WILMINGTON DE 19801 ÉLED

02 NOV 21 PH 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| If above addresses are incorrect in any way, line through incorrect information and enter correction below. |   |                              |  |  |   |                            |  |  |
|---|---|------------------------------|--|--|---|----------------------------|--|--|
| New Principal Office Address, If Applicable     3. New Mailing Office Address, If Applicable                |   |                              |  |  | Date Incorporated or Qualified              |                            |  |  |
|   | REAL ESTATE TALVESTMENT Co., LTD.           |                              |  | JANESTHERIT CO., LTD.                              | To Do Busir                                 | ness in Florida            | 06/27/2001   |  |
| Suite, Apt. #, etc.  Suite, Apt. #,  570 LEXENGTON AVE. 32 MBFLOCK 14911 Que                                |   |                              | Rum DR., STE 155                               |  | 5. FEI Number Applied For                   |                            |  |  |
| City & State City & State   |   |                              | ZEEM 02. 312 700                               |  |   | APPLILU TOH                |  |  |
| NEW YORK NEW YORK DAG   |   | 1,77                         | 4 LLAS TEXAS                                   |  | 52-23396<br>6.                              | /8                         | Not Applicable   |  |
| Zip /   | Country  22 USA                             | Zip<br>75254                 |  | Country<br>USA                                     |   | OF STATUS DESIRED 🗹        | \$8.75 Additional Fee required for a Certificate of Status |  |
| 7. Names a  | and Street Addresses of Each Officer and/   | or Director (Flo             | rida nonprof                                   | it corporations must list at lea                   | ast 3 directors)                            |                            |  |  |
| Title(s)  | Name of Officers<br>and/or Directors        |                              | Street Address of Each Officer and/or Director |  |   | City / State / Zip         |  |  |
| PD HALLENGREN, HOWARD E   |   |                              | -599 LEXINGTON AVE., SUITE 2205                |  |   | NEW YORK NY 10022          |  |  |
|   |   |                              | 570 LEVENGTON AVE. , 3240 FLOOR                |  |   |                            |  |  |
| VS  | MILLER, JACK D                              | 599 LEXINGTON AVE., SUITE 2  |  |  |   |                            |  |  |
|   |   | 570 LEVENGRAN AVE., BARFLOCK |  |  | 1002  | •                          |  |  |
| D HACKETT, KEVIN R ESQ.   |   |                              | 599 LEXINGTON AVE., SUITE 2205                 |  |   | NEW YORK NY 10022          |  |  |
|   |   |                              |  |  |   |                            |  |  |
| ٧   | SWEENEY, SCOTT                              |                              |  | . BERNARDO DRIVE, SU                               | IIE 320                                     | SAN DIEGO CA 9212          | 7  |  |
| VAC MODEIDA DODEDT  |   |                              | AND PRICKELL AVE. OUTE OF                      |  |   | MALII EL 20101             |  |  |
| VAS MOREIRA, ROBERT   |   |                              | 2917 McFARLANE ROAD SHEET 353                  |  |   | MIAMI-FL 33131-            |  |  |
|   |   |                              |  |  |   | COCENUT GROVE              | FL 33133   |  |
|   |   |                              |  |  |   |                            |  |  |
| 8. Name and Address of Current Registered Agent   |   |                              |  |  | 9. Name and Address of New Registered Agent |                            |  |  |
| C T CORPORATION SYSTEM  |   |                              |  |  |   |                            | )25<br>**158 75  |  |
| 1200 SOUTH PINE ISLAND ROAD   |   |                              |  | Street Address (P.O. Box Number is Not Acceptable) |   |                            |  |  |
| PLANTATION FL 33324   |   |                              |  | Suite, Apt. #, Etc.                                |   |                            |  |  |
|   |   |                              | Guite, Apt. #, Etc.                            |  |   |                            |  |  |
|   |   |                              |  | City   |   |                            | ate Zip Code   |  |
|   |   |                              | _  | <u>,,</u>  | ········                                    | F                          | <u>L  </u>   |  |
| 10. I, being  | appointed the registered agent of the above | re named corpo               | oration, am fa                                 | amiliar with and accept the ob                     | oligations of Section                       | on 607.0505, F.S. or 617.0 | 505, F.S.  |  |

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or dir befor 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

# FALCON

Real Estate Investment Company, Ltd.

570 Lexington Avenue 32<sup>rd</sup> Floor New York, New York 10022 Tel: (212) 271-5445

Fax: (212) 271-5588

November 14, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Applications for Reinstatement

Beacon Owner Corp. Beacon Tenant Corp.

## Division of Corporations:

Enclosed are completed Application for Reinstatement forms for Beacon Owner Corp. and Beacon Tenant Corp. along with two checks for \$158.75. With reference to the "Important Facts" section of the Notice of Administrative Dissolution, Beacon Owner Corp. and Beacon Tenant Corp. hereby request that the \$600.00 reinstatement fee for both corporations be waived as the corporations did not receive the two prior uniform business report (UBR) notices.

Sincerely,

Jack D. Miller Vice President,

Beacon Owner Corp.

Beacon Tenant Corp.