## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT # F01000006062

1. Corporation Name

### KNICKERBOCKER PROPERTIES, INC. XXXVI

Principal Place of Business

Mailing Address

10 CORPORATE WOODS DRIVE ALBANY NY 12211-2395

C/O INVESCO REALTY ASSOC 5400 LBJ FREEWAY, SUITE 700 DALLAS TX 75240

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

03 OCT 23 PH 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

| New Principal Office Address, If Applicable     New Mailing  Aree  Suite, Apt. #, etc.  Suite, Apt. #, etc.   |                                   |  |                    | mlleri  | ddress, lf   | Applicable we, Suitas | 4. Date Incorp<br>To Do Busin | orated or Qualifie<br>ness in Florida |                               | 1/26/200                                | 01 /// |
|---|-----------------------------------|--|--------------------|---|--|-----------------------|-------------------------------|---------------------------------------|-------------------------------|---|--------|
|   |                                   |  | - Noc/ Koad        |   | 5. FEI Number APPLIED FOR 6.                       |                       |                               |                                       | Applied For<br>Not Applicable |   |        |
|   |                                   |  | <sup>Zip</sup> 752 | 40  | Country  |                       | CERTIFICATE                   | RED 🗆 🖁                               | 8.75 Additi<br>for a Certi    | ional Fee required<br>ificate of Status |        |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                       |                                   |  |                    |   |  |                       |                               |                                       |                               |   |        |
| Title(s)  | Name of Officers and/or Directors |  |                    | Street Address of Each<br>Officer and/or Director |  |                       |                               | City / State / Zip                    |                               |   |        |
| Р   | FARMER, DAVID N                   |  |                    | 10 CORPORATE WOODS DRIVE                          |  |                       | ALBANY NY 12211               |                                       |                               |   |        |
| ٧   | RAGSDALE, RONALD                  |  |                    | 10 CORPORATE WOODS DRIVE                          |  |                       | ±1+                           | ALBANY NY 12211                       |                               |   |        |
| ٧   | KIRBY, MICHAEL                    |  |                    | 10 CORPORATE WOODS DRIVE                          |  |                       |                               | ALBANY NY 1                           | 12211                         |   |        |
| ٧   | BOIKO, TERRELL                    |  |                    | 10 CORPORATE WOODS DRIVE                          |  |                       | ALBANY NY 1                   | 12211                                 | ****                          |   |        |
| ٧   | JOHNSON, KEVIN                    |  |                    | 10 CORPORATE WOODS DRIVE                          |  |                       | ALBANY NY 1                   | 12211                                 |                               |   |        |
| ٧   | KITTLES, SALLY                    |  |                    | 10 CORPORATE WOODS DRIVE                          |  |                       |                               | ALBANY NY 1                           | 12211                         |   |        |
| 8. Name and Address of Current Registered Age   |                                   |  |                    |   | nt 9. Name ar                                      |                       |                               | Address of New Registered Agent       |                               |   |        |
| Name  |                                   |  |                    |   |  |                       |                               |                                       |                               |   |        |
| CORPORATION SERVICE COMPANY   |                                   |  |                    |   |  | Street Address (F     | O Pay Number                  | is Not Assertable                     | <u></u>                       |   |        |
| 1201 HAYS STREET  |                                   |  |                    |   | Street Address (P.O. Box Number is Not Acceptable) |                       |                               |                                       |                               |   |        |
| TALLAHASSEE FL 32301-2525   |                                   |  |                    | Suite, Apt. #, Etc. 100024050161                  |  |                       |                               |                                       |                               |   |        |
|   |                                   |  |                    |   | City   |                       |                               |                                       | Sta<br><b>F</b>               |   | ode    |
| 10. I, being appointed the registered agent of the above/named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. |                                   |  |                    |   |  |                       |                               |                                       |                               |   |        |
|   |                                   |  |                    |   |  |                       |                               |                                       |                               |   |        |
| Signature of Registered Agent Brian Courtney  Asst. V. Pres.  Date 10/23/03   |                                   |  |                    |   |  |                       |                               |                                       |                               |   |        |

11. I certify that I arryan 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.

Ronald Ragsdale SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE :

291075

4804708

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: October 22, 2003

ORDER TIME : 9:58 AM

ORDER NO. : 291075-005

CUSTOMER NO: 4804708

CUSTOMER: Robert Lennon

Seward & Kissel Llp

21st Floor

One Battery Park Plaza New York, NY 10004

#### REINSTATEMENT

NAME:

KNICKERBOCKER PROPERTIES, INC.

IVXXX

XX\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS

DIVISION OF CORPORATION