	PLEASE READ	ALL INST	FRUCTIONS	BEFORE (COMPLETI	ING THIS FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					¬		
DOCUMENT # F9300000477					98 DEC 17, PM 3: 30		
1. Corporation Name Ratner Group, Inc.					SECRETARY OF STATE TALLAMASSEE, FLORIDA		
Principal Place of Business Mailing Address					2000027217726 -12/24/98-01035-012		
1 Metrotech Center North Brooklyn, New York 11201 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					****750.00 ****750.00 200027217726 -12/24/98-01035-013 ****300.00 ****300.00		
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable					4. Date Incorporated or Qualified To Do Business in Florida 2/1/93		
Suite, Apt. #, etc. Suite, Apt. City & State City & State			·		5. FEI Number 13-3428903 Applied For Not Applicable		
Zip	Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)		
Title(s)	and/or Directors i Of			eet Address of Each ficer and/or Director se Post Office Box I	•	City / State / Zip	
Ď/D	D Bruce C. Ratner One Metro				r North	Brooklyn, NY 11201	
v/s	/S David L. Berliner One Met			otech Ctr	tNorth:	Brooklyn, NY 11201	
V	Joanne Minieri	-	One Metro	otech Ctr	North	Brooklyn, NY 11201	
V	Robert Sanna	 	One Metro	otech Ctr	North	Brooklyn, NY 11201	
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~				HIVIA	K B. JVEL. I	12-23-10 32 12-23-10	
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
Randall Hilliard				CT Corporation System Street Address (P.O. Box Number is Not Acceptable)			
420 Lincoln Road, Penthouse 1200 Sc Miami Beach, FL 33139 Suite Apt. #. Etc					uth Pine	: Island Road	
City P1. 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept					State Zip Code FL 33324		
Signature of Registered Agent Date							
REGISCENE PROPERTY ASST. Caretory							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)							
12. 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 filling 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 Daytime Phone #							