

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001330

1. Corporation Name

LIBERTY GP III INC.

Principal Place of Business

Mailing Address

C/O THE RELATED COMPANIES
625 MADISON AVE. 9TH FLOOR
NEW YORK NY 10022
US

C/O THE RELATED CO./ LEGAL DEPT
625 MADISON AVE 5TH
BOSTON MA 10022
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

c/o The Related Co.-Legal
Suite, Apt. #, etc.
625 Madison Ave., 5th Fl

City & State

City & State
New York, NY

Zip Country

Zip Country
10022

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1993

5. FEI Number

13-3494846

Applied For

Not Applicable

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 (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FRIED, J MICHAEL	625 MADISON AVE	NEW YORK NY 10022
VP	HIRMES, ALAN	625 MADISON AVE	NEW YORK NY 10022
VP	BOESKY, STUART	625 MADISON AVE	NEW YORK NY 10022
S	WICELINSKI, TERESA	625 MADISON AVE	NEW YORK NY 10022
P	Brenner, Michael	625 Madison Avenue	New York, NY 10022

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
300003514973--8
City
Tallahassee
-12/27/00 State 1162-008
***750.FL ***230750.00

*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.

Signature of Registered Agent

Date 12/19/00

REGISTERED AGENT MUST SIGN

11. 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

Daytime Phone #