

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 25 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005031

1. Corporation Name

RCC BONAVENTURE, INC.

2. Principal Office Address

3. Mailing Office Address

c/o Related Capital Company c/o Related Capital Company

Suite, Apt. #, etc.

Suite, Apt. #, etc.

625 Madison Avenue

625 Madison Avenue

City & State

City & State

New York, NY

New York, NY

Zip

Country

Zip

Country

10022

USA

10022

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/5/93

5. FEI Number
13-3488814

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

400005347884-4

REINSTATEMENT 01-02

State
FL

Zip Code
32301

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

Patrick Lalor
Assistant Secretary

Date 04/24/2002

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
PD	Michael J. Fried	625 Madison Avenue	New York, NY 10022
V	Alan P. Hirmes	625 Madison Avenue	New York, NY 10022
S	Teresa Wicelinski	625 Madison Avenue	New York, NY 10022
T	Glenn Hopps	625 Madison Avenue	New York, NY 10022
D	Stephen M. Ross	625 Madison Avenue	New York, 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

4/22/02 (212) 421-5333

Date

Daytime Phone #

CR2E081 (9/01)



ppr wk

ACCOUNT NO. : 072100000032

REFERENCE : 546329 4321791

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 900.00

ORDER DATE : April 24, 2002

ORDER TIME : 10:12 AM

ORDER NO. : 546329-005

CUSTOMER NO: 4321791

CUSTOMER: Ms. Carol Sciarillo
The Related Companies, Inc.
625 Madison Avenue, 9th Floor

New York, NY 10022

REINSTATEMENT

NAME: RCC BONAVENTURE, 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

EXAMINER'S INITIALS _____

RECEIVED
02 APR 25 AM 11:37
DIVISION OF CORPORATION