

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 14 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000678

1. Corporation Name

STARWOOD LAND, INC.

Principal Place of Business

Mailing Address

3 PICKWICK PLAZA  
SUITE 250  
GREENWICH CT 06830

3 PICKWICK PLAZA  
SUITE 250  
GREENWICH CT 06830



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

2. New Principal Office Address, If Applicable

591 West Putnam Ave  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

591 West Putnam Ave  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1995

5. FEI Number

06-1404672

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. Date of Birth or Date of Incorporation
CP	STERNLICHT, BARRY S	3 PICKWICK PLAZA, SUITE 250. 591 West Putnam Ave	-10/26/99--01065--017 ****750.00 State ****750.00
VAS	GROSE, MADISON F	3 PICKWICK PLAZA, SUITE 250 591 West Putnam Ave	
SVP EVP	SILVEY, JEROME C	3 PICKWICK PLAZA, SUITE 250 591 W Putnam Ave	
V	KLEEMAN, RICK	3 PICKWICK PLAZA, SUITE 250 591 West Putnam Ave	
V	EILIAN, JONATHAN	3 PICKWICK PLAZA, SUITE 250 591 West Putnam Ave	

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (or P.O. Box Number, if Applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

Connie B. Bay  
REGISTERED AGENT MUST SIGN

Date 10/14/99

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

Jerome C. Silvey

10/13/99 (203) 422-7700  
Date Daytime Phone #

CR22940 (8/99)