## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretai	RTMENT OF STATE  ry of State  CORPORATIONS	FI OL APR	28 P	D H 12: 17 OF STATEA		
DOCUMENT # F95000004766 (0)  1. Corporation Name  JACKSONVILLE APARTMENTS CORP.			secri Tall <sup>a</sup>	HASSE	OF STATE OF STATE E. FLORIDA		
2. Principal Office Address MR. JAMES BRINKERHOFF/FORTIS, INC. MR. JAMES CNE CHASE MAN HA TIAN PLAZA NEW YORK, NY 10005 Suite, Apt. #, etc. Suite, Apt. #,		Diffice Address S BRINKERHOFF/FORTIS, INC. E MANHATTAN PLAZA K, NY 10005 etc.		REINSTATEMENT 8-8			
City & State City & State				4. Date Incorporated or Qualified To Do Business in Florida October 2, 1995			
Oily a State	City & State			5. FEI Number Applied For Not Applicable			
Zip Country	Zip	Country	6.		JS DESIRED S8.75 Additiona for a Certifica	Fee required	
7. Name and Address of Current Registered Agent							
- Name C T CORPORATION SYSTEM 300034459103  Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD  Suite, Apt. #, Etc.							
PLANTATION				State FL	Zip Code 33324		
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  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			
D POLLOCK, ROBERT	NEW ONE O	ONE CHASE MANHATTAN PLA NEW YORK, NY 10005			NEW YORK, NY 10005		
D CLAYTON, KERRY	ONE (	ONE CHASE MANHATTAN PLAZA NEW YORK, NY 10005					
P BRINKERHOFF, JAMES	BRINKERHOFF, JAMES J DNE			NE	N YORK, NY 10	005	
VP BINTZER, WILLIAM	R ONE	ONE CHASE MANHATTAN PLAZA NEW YORK, NY 10005					
T HEGE, BARBARA ESQ. ONE CHASE MAN			ATTAN PLA	AN	EWYORK, NY 10	005	
S SHEEHAN, JOHN	F ONE	CHASE MANHA	HTAN PLA	PA N	EWYORK, NY 10	005	
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:  4-26 of 212-856-7000							
SIGNATURE: JOHN F. SHEEHAN 4-16-04 212-859-7010  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SECRETARY  Date  Date  Daytime Phone #							