## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

3. Mailing Office Address

Suite, Apt. #, etc.

DIVISION OF CORPORATIONS

**DOCUMENT #** F9600000704

1. Corporation Name

2. Principal Office Address

Suite, Apt. #, etc.

SIGNATURE

SOS Properties Management Company, Inc.

c/o CIBC, 425 Lexington Ave. c/o CIBC, 425 Lexington Ave.

FILED JUL 25 PM 4: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA

| 8th Floor   |  |  | 8th Floor    | 8th Floor            |            |  | 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida February 12, 1996 |              |                            |   |  |  |
|---|--|--|--------------|----------------------|------------|--|---|--------------|----------------------------|---|--|--|
| New York, New York  |  |  |              | w York, New York     |            | 5. FEI Number<br>13–3871859  |   |              | Applied For Not Applicable |   |  |  |
| Zip<br>10017  | 017 Country<br>New York  |  | Zip<br>10017 | Country New York     |            | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fe for a Certificate |   |              |                            |   |  |  |
|   | 7. Name and Address of Current Registered Agent                                  |  |              |                      |            |  |   |              |                            |   |  |  |
|   | Name<br>Corporation Service Company  |  |              |                      |            |  |   |              |                            |   |  |  |
|   | Street Address (P.O. Box Number is Not Acceptable)  1201 Hays Street  1000335061 |  |              |                      |            |  |   |              | 1 <sup></sup> 1            |   |  |  |
|   | Suite, Apt. #, Etc.  |  |              |                      |            |  | تر. الـالال   | عسود         |                            |   |  |  |
|   | City Tal   |  |              | Lahassee             |            |  | te Zip Co   | ode<br>32301 |                            | 7 |  |  |
| Signature of Registered Agent Tabatha Floulli ASST UP Date 7/24/00  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 Street Address of Each Officers and/or Directors Officer and/or Director |              |                      |            | City / State / Zip   |   |              |                            |   |  |  |
| D/C   | R. Bru   | ce Layman  | 42           | 25 Lexington         | Avenue     | Ne   | New York, NY 10017  |              |                            |   |  |  |
| D/P   | Robert   | N. Greer   | 42           | 425 Lexington Avenue |            |  | New York, NY 10017  |              |                            |   |  |  |
| D/V   | Ronald   | E. Spitzer   | 42           | 425 Lexington Avenue |            | Ne   | New York, NY 10017  |              |                            |   |  |  |
| D/V/S   | John F.  | Enright, Jr.   | 42           | 425 Lexington Avenue |            | Ne   | New York, NY 10017  |              |                            |   |  |  |
| V   | Joyce I  | Burns  | 20           | 00 Liberty S         | treet      | Ne   | NY 10281  |              |                            |   |  |  |
| T,  | Robert   | Fullhardt  | 20           | 00 Liberty S         | rty Street |  | New York, NY 10281  |              |                            |   |  |  |

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 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 quality 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ACCOUNT NO. : 072100000032

REFERENCE: 774073

4369459

**AUTHORIZATION:** 

COST LIMIT : \$ 900.00

ORDER DATE : July 24, 2000

ORDER TIME: 2:40 PM

ORDER NO. : 774073-005

CUSTOMER NO: 4369459

CUSTOMER: Ms. Jennifer Katz-hickman

CIBC WORLD MARKETS CORP. CIBC WORLD MARKETS CORP. One World Financial Center 200 Liberty Street, 37th Floor

New York, NY 10281

DOMESTIC FILING

NAME:

SOS PROPERTIES MANAGEMENT

COMPANY, INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

\*\*\*FILE\_1ST\*\*\*

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

KE