PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~ 2001 VBR

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

2001 VBR

150.00

FILED
01 NOV -7 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001573

1. Corporation Name

BARCLAY/AEGIS INC.

Principal Place of Business	Mailing Address
625 MADISON AVENUE NEW YORK NY 10022	C/O THE RELATED CO LLP 625 MADISON AVE-LEGAL DEPT NEW YORK NY 11203

500004685725--1
-11/16/01--01074--011
****291.25 ****150.00

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
C/O Lesley Benjamin	Lesley Benjamin
Suite, Apt. #, etc.: 625 Madison Ave	Suite, Apt. #, etc.: C/o the Related Co. LP
City & State: NY NY	City & State: 625 Madison Ave NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1998

5. FEI Number: 13-3993450 ☐ 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 City / State / Zip
~~VD~~	~~FRIED, J M~~	~~625 MADISON AVENUE~~	~~NEW YORK NY~~
PD	BOESKY, STUART J	625 MADISON AVENUE	NEW YORK NY
V	HIRMES, ALAN P	625 MADISON AVENUE	NEW YORK NY
D	ROSS, STEPHEN M	625 MADISON AVENUE	NEW YORK NY
~~V~~	~~BROWN, BRUCE~~	~~625 MADISON AVENUE~~	~~NEW YORK NY~~
V	SCHLACTER, MARK	625 MADISON AVENUE	NEW YORK NY

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 BK	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Laura R. Dunlap SIGNATURE REQUIRED Laura R. Dunlap as its agent
REGISTERED AGENT MUST SIGN
Date: 11/7/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/26/01

Daytime Phone #: 212 421-5333

The Related Companies, L.P.
625 Madison Avenue
New York, New York 10022-1801
212-421-5333 Fax 212-593-5794
One Of The Related Companies

F98000001573

(2)

FILED
01 NOV -7 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 6th, 2001

Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Sincerely yours,

Lesley Benjamin, Esq.

BK