

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
DOCUMENT # **F98000001573**

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

1. Corporation Name

BARCLAY/AEGIS INC.

Principal Place of Business

625 MADISON AVENUE
NEW YORK NY 10022

Mailing Address

C/O THE RELATED CO LLP
625 MADISON AVE-LEGAL DEPT
NEW YORK NY 11203

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

2. New Principal Office Address, If Applicable

625 Madison Ave
Suite, Apt. #, etc.
City & State
Zip

NY NY
10022

USA

3. New Mailing Office Address, If Applicable

625 Madison Ave
Suite, Apt. #, etc.
City & State
Zip

NY NY
10022

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
JD	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Laura R. Dunlap
as its agent

Date

11/7/01

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10/26/01

212 421-5333

150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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****291.25 ****150.00

CR2040 (8/01)



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)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 6th, 2001

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

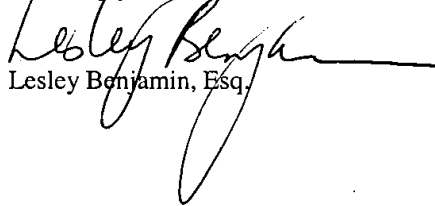
Re: Florida Reinstatements Filing

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