

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 03 OCT 17 PM 4:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F98 000003416

1. Corporation Name

WESTFIELD CONCESSION MANAGEMENT, INC.

2. Principal Office Address c/o WESTFIELD 11601 WILSHIRE BLVD.

Suite, Apt. #, etc.

12TH FLOOR LEGAL

City & State

LOS ANGELES CA

Zip

90025

Country

USA

3. Mailing Office Address c/o WESTFIELD

11601 WILSHIRE BLVD,

Suite, Apt. #, etc.

12TH FLR LEGAL

City & State

LOS ANGELES CA

Zip

90025

Country

USA

REINSTATEMENT 63

4. Date Incorporated or Qualified To Do Business in Florida

6/16/98

5. FEI Number

95-467330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

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

[Signature]

DAVID I. FARBER

ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN

Date 10/16/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include GREEN, RICHARD E; LOWY, PETER S; STEFANEK, MARK; VAZELAKIS, DIMITRI; PALKER, RORY; OLSON, KYLE.

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: KYLE OLSON [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/03 (310) 228-8707 Daytime Phone #

CR2E081 (10/02)