

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 12 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006363

1. Corporation Name

DLK Associates, Inc. of Delaware

REINSTATEMENT

2. Principal Office Address

c/o The Related Companies, LP

3. Mailing Office Address

c/o The Related Companies, L.P.

Suite, Apt. #, etc. Attn: Legal Dept.

625 Madison Avenue

City & State

New York, NY 10022

Zip
10022

Country
USA

Suite, Apt. #, etc. Attn; Legal Dept.

625 Madison Avenue

City & State

New York, NY 10022

Zip
10022

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/98

5. FEI Number
13-4024885

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

Bonnie Bryan, Bonnie Bryan, Special Asst. Secy.
REGISTERED AGENT MUST SIGN

Date 4-12-00

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
Pres.			
Dir.	Denise L. Kiley	625 Madison Avenue	NY, NY 10022
Secy	Teresa Wicelinski	625 Madison Avenue	NY, NY 10022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa Wicelinski

3/30/00

212.421.5833

Teresa Wicelinski, Secy.

CR2E081 (9/99)