


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

01 OCT 23 PM 2: 18

CORPORATION REINSTATEMENT



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

REINSTATEMENT 01

DOCUMENT # F98000006363

1. Corporation Name
DLK Associates, Inc. of Delaware

2. Principal Office Address ATTN: Lesley Benjamin Suite, Apt. # <i>Sp the Related Companies L.P.</i> 625 Madison Avenue City & State New York, NY Zip 10022		3. Mailing Office Address ATTN: Lesley Benjamin Suite, Apt. # <i>Sp the Related Companies L.P.</i> 625 Madison Avenue City & State New York, NY Zip 10022	
Country USA	Country USA	Country USA	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 11/19/98 **SP**

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
Corporate service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Stree

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

500004650175--0

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 *Brian Courtney* **BRIAN COURTNEY, ASST. V.P.** Date 10-23-01

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Denise L. Kiley	C/O The Related Companies, L.P., 625 Madison Avenue	New York, NY 10022
Sec.	Teresa Wicelinski	C/O The Related Companies, L.P., 625 Madison Avenue	New York, 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: *Thomas Arkes* **10/17/01** **212 421 5333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)



202

ACCOUNT NO. : 072100000032
 REFERENCE : 113411 4321791
 AUTHORIZATION : *Patricia Pizuto*
 COST LIMIT : \$ 750.00

ORDER DATE : October 19, 2001
 ORDER TIME : 11:04 AM
 ORDER NO. : 113411-055
 CUSTOMER NO: 4321791
 CUSTOMER: Ms. Kailah Spencer
 The Related Companies, Inc.
 625 Madison Avenue, 9th Floor
 New York, NY 10022

RECEIVED
 01 OCT 23 PM 12:18
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: DLK ASSOCIATES, INC. OF
 DELAWARE

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____