

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

DOCUMENT # F98000006363

1. Corporation Name

DLK Associates, Inc. of Delaware

2. Principal Office Address

ATTN: Lesley Benjamin

Suite, Apt. # *Sp the Related Companies L.P.*
625 Madison Avenue

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

ATTN: Lesley Benjamin

Suite, Apt. # *Sp the Related Companies L.P.*
625 Madison Avenue

City & State

New York, NY

Zip

10022

Country

USA

REINSTATEMENT 01

**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

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01

Date

212 421 5333

Daytime Phone #

CR2E081 (9/00)



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ACCOUNT NO. : 072100000032

REFERENCE : 113411 4321791

AUTHORIZATION :

Patricia Pizito

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
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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 _____