


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006952

1. Corporation Name

VANTAS TAMPA BAY, INC.

Principal Place of Business

Mailing Address

~~% ALLIANCE NATIONAL INCORPORATED~~
90 PARK AVENUE, SUITE 3100
NEW YORK NY 10016

~~% ALLIANCE NATIONAL INCORPORATED~~
90 PARK AVENUE, SUITE 3100
NEW YORK NY 10016

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

2. New Principal Office Address, If Applicable
~~% VANTAS INCORPORATED~~
Suite, Apt. #, etc.
SAME AS ABOVE

3. New Mailing Office Address, If Applicable
~~% VANTAS INCORPORATED~~
Suite, Apt. #, etc.
SAME AS ABOVE

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida	cc 12/22/1998
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
1	2	3	4
PD	BEALE, DAVID W	90 PARK AVENUE, SUITE 3100	NEW YORK NY 10016
ST	LANGER, ALAN	90 PARK AVENUE, SUITE 3100	NEW YORK NY 10016
AS	COOPERMAN, STEVEN	90 PARK AVENUE, SUITE 3100	N.Y., N.Y. 10016
			700003078287-7
			12/22/99-01077-022
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Regl

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN COOPERMAN

Date

Daytime Phone #

11/30/99 (212) 907-6419

FILED

99 DEC 14 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT