

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED
 99 DEC 14 PM 3:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006952**

1. Corporation Name

VANTAS TAMPA BAY, INC.

Principal Place of Business ALLIANCE NATIONAL INCORPORATED 90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016	Mailing Address ALLIANCE NATIONAL INCORPORATED 90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016
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REINSTATEMENT

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

2. New Principal Office Address, if Applicable 90 VANTAS INCORPORATED Suite, Apt. #, etc. SAHE AS ABOVE City & State Zip Country	3. New Mailing Office Address, if Applicable 90 VANTAS INCORPORATED Suite, Apt. #, etc. SAHE AS ABOVE City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida 12/22/1998	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
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 UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156	9. Name and Address of New Regi Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____
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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: *[Signature]* 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]* **STEVEN COOPERMAN** 11/20/99 (212) 907-6419
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (8/98)