PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	oo wa ED		
DOCUMENT # G124 1. Corporation Name Turner Real		08 NOV 21 PM 3: 45 ALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 375 Hutson St Suite, Apt. #, etc.		REINSTATEMENT 07-08 4. Date Incorporated or Qualified 10 1 m 21.83		
City & State New York, NY Zip Country Country Country	City & State NEW YORK, NY Zip 10014 USA	Date incorporated or Qualified To Do Business in Florida To Do Business in Florida To Do Business in Florida Applied For Not Applicable CERTIFICATE OF STATUS DESIRED		
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Fine Island Road Suite, Apt. #, Etc. State Zip Code Plantation FL 3 33344		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. A 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				
Titles Name of	nd/or Director (Florida nonprofit corporations must list at le	City / State / Zin		
Officers and/or Directors Lee Illao		900138180359 11/21/0801031009 **900.00		
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 contained in Chapter 119, 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 Daytime Phone #				

TURNER REAL ESTATE MANAGEMENT, INC.

2008

DIRECTORS	_	ADDRESS	EXPIRATION
Peter J. Davoren	_	375 Hudson Street, New York, NY 10014	January 31, 2009
Wilfried G. Eckert		901 Main Street, Suite 4900, Dallas, TX 75202	January 31, 2009
Stephen M. Christo		375 Hudson Street, New York, NY 10014	January 31, 2009
OFFICERS	TITLE	ADDRESS	EXPIRATION
Peter J. Davoren	Chairman & President	375 Hudson Street, New York, NY 10014	January 31, 2009
Wilfried G. Eckert	Executive VP & CFO	901 Main Street, Suite 4900, Dallas, TX 75202	January 31, 2009
Stephen M. Christo	Senior VP & Secretary	375 Hudson Street, New York, NY 10014	January 31, 2009
Debi A. Herman	VP & Treasurer	901 Main Street, Suite 4900, Dallas, TX 75202	January 31, 2009
John D. Onnembo, Jr.	VP & General Counsel	375 Hudson Street, New York, NY 10014	January 31, 2009
Casey A. Chalmers	Assistant Secretary	375 Hudson Street, New York, NY 10014	January 31, 2009