PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 NOV -8 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 32516

1. Corporation Name

OHMI, Inc.

REINSTATEMENT 1995-2002

2. Principal Office Address		**3.** Mailing Office Address	
c/o Mall Properties, Inc. 654 Madison Avenue		c/o Mall Properties, Inc. 654 Madison Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
11th Floor		11th Floor	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10021	USA	10021	USA

4. Date Incorporated or Qualified To Do Business in Florida 11/29/1989

5. FEI Number 65-0145164 ☐ 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: John J. Dougherty

500009083895
11/19/02--01069--007 **18.75

Street Address (P.O. Box Number is Not Acceptable): 560 South Collier Blvd.

Suite, Apt. #, Etc.:

City: Marco Island | State: FL | Zip Code: 33937

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: John Dougherty
REGISTERED AGENT MUST SIGN

Date: 11/7/02

CR2E081 (9/01)

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
DPT	Morton L. Olshan	654 Madison Avenue 11th Floor	New York, NY 10021
DVS	John J. Dougherty	560 South Collier Blvd.	Marco Island, FL33937
D	Jon H. Manchester	675 Third Avenue Suite 1200	New York, NY 10017

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: Morton L Olshan 11/6/02

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

ACCOUNT NO. : 072100000032

REFERENCE : 813642 108088A

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : November 8, 2002

ORDER TIME : 12:18 PM

ORDER NO. : 813642-005

CUSTOMER NO: 108088A

CUSTOMER: Jon H. Manchester, Esq
Mall Properties, Inc.
11th Floor
654 Madison Avenue
New York, NY 10021

RECEIVED
02 NOV -8 PM 1:03
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: OHMI, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____