2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# L32516

Entity Name: OHMI, INC.

Current Principal Place of Business:

C/O MALL PROPERTIES,INC.
654 MADISON AVENUE,11TH FLOOR
NEW YORK, NY 10021 US

New Principal Place of Business:

C/O RALPH LAUGHLIN, MALL PROPERTIES,INC.
654 MADISON AVENUE,11TH FLOOR
NEW YORK, NY 10065 US

Current Mailing Address:

C/O MALL PROPERTIES,INC.
654 MADISON AVENUE,11TH FLOOR
NEW YORK, NY 10021 US

New Mailing Address:

C/O RALPH LAUGHLIN, MALL PROPERTIES,INC.
654 MADISON AVENUE,11TH FLOOR
NEW YORK, NY 10065 US

FEI Number: 65-0145164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGHERTY, JOHN J
560 SOUTH COLLIER BLVD.
MARCO ISLAND, FL 33937 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN DOUGHERTY
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: OLSHAN, MORTON L
Address: 654 MADISON AVE.11TH FLOOR
City-St-Zip: NEW YORK, NY 10021

Title: DVS ( ) Delete
Name: DOUGHERTY, JOHN J
Address: 560 SOUTH COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL 33937

Title: D ( ) Delete
Name: MANCHESTER, JON H
Address: 675 THIRD AVENUE SUITE 1200
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: OLSHAN, MORTON L
Address: 654 MADISON AVE.11TH FLOOR
City-St-Zip: NEW YORK, NY 10065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: OLSHAN, ANDREA L
Address: 654 MADISON AVE.11TH FLOOR
City-St-Zip: NEW YORK, NY 10065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORTON L. OLSHAN DPT 10/13/2009
Electronic Signature of Signing Officer or Director Date