

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC -4 PM 3:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P20026

1. Corporation Name
RELATED ADVANTAGED RESIDENTIAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
625 MADISON AVENUE ATTN: LEGAL NEW YORK NY 10022	% RELATED. 625 MADISON AVENUE 5TH FLOOR - LEGAL NEW YORK NY 10022



REINSTATEMENT *OO*

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified Do Business in Florida
Suite, Apt. #, etc.	c/o Related 625 Madison Ave 5th Fl-Legal	07/12/1988
City & State	New York, NY 10022	5. FEI Number 13-3272194
Zip	Country	Applied For 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
PD	FRIED, J. MICHAEL	625 MADISON AVENUE	NEW YORK NY 10022
S	WICELINSKI, TERESA	625 MADISON AVENUE	NEW YORK NY 10022
D	ROSS, STEPHEN M	625 MADISON AVENUE	NEW YORK NY 10022
SVP	HIRMESS, ALAN	625 MADISON AVE	NEW YORK NY 10022
SVP	BOESKY, STUART	625 MADISON AVENUE	NEW YORK N. 10022
P	BRENNER, MICHAEL	625 MADISON AVENUE	NEW YORK, NY 10022 <i>LS</i>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. 200003514972--1 City Tallahassee State FL Zip Code 32301 Date 12/27/00 Fees ***750.00 *330.00

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: *John J. Hooley*
 REGISTERED AGENT MUST SIGN
 Date: 12/19/00

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: *James W. ...*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 12/11/00
 Daytime Phone #: 813-421-5333

CR2E040 (8/00)