
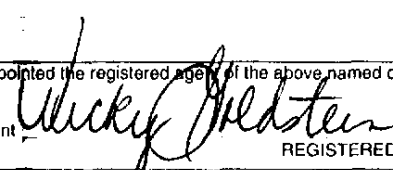
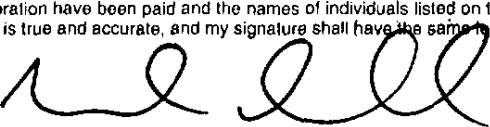


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">FILED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">98 JUN -9 PM 12:16</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">100002560661--6</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">-06/16/98--01045--023</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">****908.75 ****908.75</div>	
DOCUMENT # P32511 (8) 1. Corporation Name ROSEWOOD APARTMENTS CORPORATION					
Principal Place of Business 9090 Wilshire Blvd. Ste 201 Beverly Hills, CA 90211 USA		Mailing Address 9090 Wilshire Blvd. Ste 201 Beverly Hills, CA 90211 USA			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida. <div style="text-align: right; font-weight: bold;">01/14/91</div>	
				5. FEI Number 95-3812630	
				6. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> S8 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
C	BOXENBAUM, CHARLES H.	9090 Wilshire Blvd., #201	Beverly Hills, CA 90211		
PD	NELSON, BRUCE	9090 Wilshire Blvd., #201	Beverly Hills, CA 90211		
SD	CASDEN, HENRY C.	9090 Wilshire Blvd., #201	Beverly Hills, CA 90211		
VPCC	SCHAFER, BOB E.	9090 Wilshire Blvd., #201	Beverly Hills, CA 90211		
VAS	TOY, PATRICIA W.	9090 Wilshire Blvd., #201	Beverly Hills, CA 90211		
VAS	WALTHER, MARK L.	9090 Wilshire Blvd., #201	Beverly Hills, CA 90211		
8. Name and Address of Current Registered Agent CT CORPORATION 1200 S. Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right; font-weight: bold;">FL</div>		
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. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent  VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN </div> <div> Date 6-8-98 </div> </div>					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK L. WALTHER			Date 5/19/98 310-278-2191 Daytime Phone #		