

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 11 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40709

1. Corporation Name
SJB ASSOCIATES, INC.

000002743550--2
-01/15/99--01030--034
****150.00 ****150.00

Principal Place of Business Mailing Address
C/O THE RELATED COMPANIES, INC. C/O THE RELATED COMPANIES, INC.
625 MADISON AVENUE 625 MADISON AVENUE
NEW YORK NY 10022 NEW YORK NY 10022



REINSTATEMENT

98-99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	09/30/1992
5. FEI Number	13-3643122
6. CERTIFICATE OF STATUS DESIRED	<input checked="" 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	BOESKY, STUART J	625 MADISON AVENUE	NEW YORK NY
S	MCMAHON, LYNN A. <i>Teresa Wicelinski</i>	625 MADISON AVENUE	NEW YORK NY
			000002743550--2 -01/15/99--01030--035 ****750.00 ****750.00
			000002743550--2 -01/15/99--01030--036 ****8.75 ****8.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 **FL** Zip Code _____

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 Charles W. Meyer **REQUIRED** Date 1-11-99
Spec. Asst. Secy.
Charles W. Meyer **REGISTERED AGENT MUST SIGN** *Spec. Asst. Secy.*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: Sandra B. Mortham **REQUIRED** 12/23/98 212-921-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)