


150.00 (1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  FLORIDA DEPARTMENT OF STATE Catherine Harris Secretary of State DIVISION OF CORPORATIONS		P40709	FILED 01 NOV 14 AM 10:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA
UBR DOCUMENT # P40709 1. Corporation Name SJB Associates, Inc.			
2. Principal Office Address c/o The Related Companies, LI Suite, Apt. #, etc. 625 Madison Avenue, legal dep City & State NY, NY Zip 10022		3. Mailing Office Address Lesley Benjamin Suite, Apt. #, etc. c/o The Related Companies, LI City & State 625 Madison Ave, NY, NY Zip 10022	
4. Date Incorporated or Qualified To Do Business in Florida 09/30/1992		5. FEI Number 133643122	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	

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 ****715.00 ****150.00

7. Name and Address of Current Registered Agent

Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

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 Laura R. Dunlap **Laura R. Dunlap** as its agent Date 11/7/01

REGISTERED AGENT MUST SIGN

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
PD	Stuart Boesky	625 Madison Ave	NY, NY 10022
S	Teresa Wicelinski	625 Madison Ave	NY, NY 10022
			BK
2001 UBR			

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: [Signature] _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)



The Related Companies, L.P.
625 Madison Avenue
New York, New York 10022-1801
212-421-5333 Fax 212-593-5794
One Of The Related Companies

P40709

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November 6th, 2001

FILED
01 NOV 14 M 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
● Division of Corporations
POB 6327
Tallahassee, FL 32314

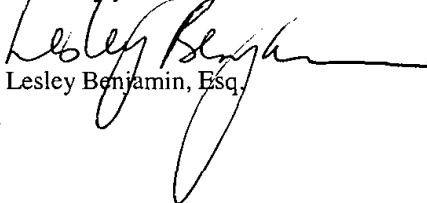
Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Sincerely yours,


Lesley Benjamin, Esq.

BK