


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

FILED

01 OCT 24 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P40710 1. Corporation Name RCMP Management, Inc. | |
| 2. Principal Office Address ATTN: Lesley Benjamin Suite, Apt. #, 625 Madison Avenue City & State New York, NY Zip 10022 Country USA | 3. Mailing Office Address ATTN: Lesley Benjamin Suite, Apt. #, 625 Madison Avenue City & State New York, NY Zip 10022 Country USA |

REINSTATEMENT

2001

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 9/30/92 | |
| 5. FEI Number 13-3644948 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status | |

| | | |
|--|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name Corporate Service Company | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | |
| Suite, Apt. #, Etc. | | |
| City Tallahassee | State FL | Zip Code 32301 |

800004651068-3

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|---|---------------------------------------|------------------|
| 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 <i>Deborah D. Skipper</i> | Deborah D. Skipper Asst. Secretary | Date 10/24/01 |

CR2E081 (9/00)

| 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 |
| C | David J. Wine | C/O The Related Companies, L.P., 625 Madison Avenue | New York, NY 10022 |
| S | Susan J. McGuire | C/O The Related Companies, L.P., 625 Madison Avenue | New York, NY 10022 |
| D | Stephen M. Ross | C/O The Related Companies, L.P., 625 Madison Avenue | New York, NY 10022 |
| EVP | Michael Brenner | C/O The Related Companies, L.P., 625 Madison Avenue | New York, NY 10022 |
| Vp | Jeff T. Blau | C/O The Related Companies, L.P., 625 Madison Avenue | New York, NY 10022 |
| P | Jeffrey Brodsky | C/O The Related Companies, L.P., 625 Madison Avenue | New York, NY 10022 |

| | | |
|--|------------------|---------------------------------|
| 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 <i>Susan J. McGuire</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 10/18/01 | Daytime Phone # 212 421 5333 |



2012

ACCOUNT NO. : 072100000032

REFERENCE : 153506 4321791

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 750.00

ORDER DATE : October 23, 2001

ORDER TIME : 10:04 AM

ORDER NO. : 153506-005

CUSTOMER NO: 4321791

CUSTOMER: Ms. Kailah Spencer
The Related Companies, Inc.
625 Madison Avenue, 9th Floor

New York, NY 10022

REINSTATEMENT

NAME: RCMP MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____

RECEIVED
01 OCT 24 AM 10 25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA