

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

150.00

APPROVED
 AND
 FILED

1

DOCUMENT # **P40727**

1. Corporation Name
APH ASSOCIATES, INC.

01 NOV 13 PM 5:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 % THE RELATED COMPANIES, L.P.
 625 MADISON AVENUE/LEGAL DEPARTMENT
 NEW YORK NY 10022



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

2. New Principal Office Address, If Applicable Attn: <u>Lesley Benjamin</u> Suite, Apt. #, etc. <u>to the Related Companies, L.P.</u> <u>625 Madison Avenue</u> City & State <u>new YORK, NY</u> Zip <u>10022</u> Country <u>USA</u>	3. New Mailing Office Address, If Applicable Attn: <u>Lesley Benjamin</u> Suite, Apt. #, etc. <u>to the Related Companies, L.P.</u> <u>625 Madison Avenue</u> City & State <u>new YORK, NY</u> Zip <u>10022</u> Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida 09/30/1992
5. FEI Number 13-3643123		Applied For <input type="checkbox"/> 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HIRMES, ALAN P	625 MADISON AVE.	NEW YORK NY 10022
S	WICELINSKI, TERESA	625 MADISON AVE.	NEW YORK NY 10022

100004687301--3
 -11/13/01--01047--003
 ****200.00 ****150.00

2001 UBR

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name <u>Corporation Service Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u> Suite, Apt. #, Etc. City <u>Tallahassee</u> State <u>FL</u> Zip Code <u>32301</u>
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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 Deborah D. Skipper **Deborah D. Skipper** Asst. Secretary Date 11-13-01
 REGISTERED AGENT MUST SIGN

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: [Signature] Date 10/17/01 Daytime Phone # 212-421-5333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR20040 (8/01)



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

P40727

(2)

November 6th, 2001

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

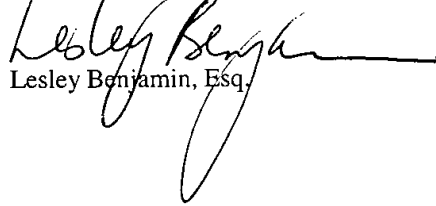
Re: Florida Reinstatements Filing

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