

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 DEC 29 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P40780**

1. Corporation Name

**JMF ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

C/O THE RELATED COMPANIES, INC.  
625 MADISON AVENUE  
NEW YORK NY 10022

C/O THE RELATED COMPANIES, INC.  
625 MADISON AVENUE  
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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3643124

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$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	FRIED, J. MICHAEL	625 MADISON AVENUE	NEW YORK NY
V	HIRMES, ALAN P.	625 MADISON AVENUE	NEW YORK NY
S	MCMANON, LYNN A.	625 MADISON AVENUE	NEW YORK NY
S	Teresa Wicelinski	625 Madison Avenue	New York NY 500002726465--9 -12/30/98--01062--015 ****750.00 ****750.00
			500002726465--9 -12/30/98--01062--016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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*  
**CHARLES W. MEYER**  
SPECIAL ASST. SECRETARY

Date

12/23/98

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:

*Teresa Wicelinski*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

12/1/98

212-421-5333