

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 22 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40780

1. Corporation Name

JMF ASSOCIATES, INC.

2. Principal Office Address

c/o The Related Companies
625 Madison Avenue
Suite, Apt. #, etc.
Attention Legal Dept.

City & State

New York, N.Y.

Zip 10022

Country U.S.A.

3. Mailing Office Address

c/o The Related Companies
625 Madison Avenue
Suite, Apt. #, etc.
Attention Legal Dept.

City & State

New York, N.Y.

Zip 10022

Country U.S.A.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/92

5. FEI Number

13-3643124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, FL

State
FL

Zip Code
33324

300003278203-6
-06/06/00--01061--01
****900.00 ****900.00

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

Jonathan R. Ciddings

Jonathan R. Ciddings
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 19 May 2000

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
Director	Michael J. Fried	c/o Related Capital Company 625 Madison Avenue	New York, N.Y. 10022
President	Michael J. Fried	c/o Related Capital Company 625 Madison Avenue	New York, N.Y. 10022
V.P.	Janet Fried	c/o Related Capital Company 625 Madison Avenue	New York, N.Y. 10022
V.P.	Alan P. Hirmes	c/o Related Capital Company 625 Madison Avenue	New York, N.Y. 10022
Sec.	Teresa Wicelinski	c/o Related Capital Company 625 Madison Avenue	New York, N.Y. 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:

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

3/2/00
Date

212-421-5332
Daytime Phone #

CR2E081 (9/99)