


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 NOV 13. PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P40780			
<b>1. Corporation Name</b> JMF Associates, Inc.			
<b>2. Principal Office Address</b> c/o The Related Companies, LI Suite, Apt. #, etc. 625 Madison Avenue, legal dep City & State NY, NY Zip 10022		<b>3. Mailing Office Address</b> Lesley Benjamin Suite, Apt. #, etc. c/o The Related Companies, LI City & State 625 Madison Ave, NY, NY Zip 10022	
Country USA		Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/05/1992			
<b>5. FEI Number</b> 133643124		<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b>			
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
<b>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.</b>			
Signature of Registered Agent <i>Deborah D. Skipper</i>		Date 11-13-01	
REGISTERED AGENT MUST SIGN Asst. Secretary			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	J. Michael Fried	625 Madison Ave	NY, NY 10022
S	Teresa Wicelinski	625 Madison Ave	NY, NY 10022
V	J. Michael Fried	625 Madison Ave	NY, NY 10022
<b>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.</b>			
SIGNATURE: <i>John Wicelinski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

CR2E01 (9/00)

000004677770-2



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

November 6<sup>th</sup>, 2001

347950

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

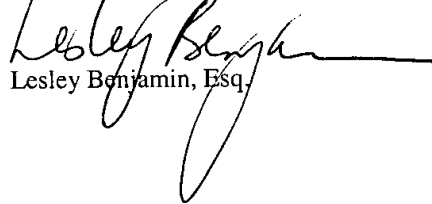
Re: Florida Reinstatements Filing

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.



ACCOUNT NO. : 072100000032

REFERENCE : 347950 4321791

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : November 7, 2001

ORDER TIME : 4:21 PM

ORDER NO. : 347950-120

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin  
The Related Companies, Inc.  
625 Madison Avenue, 9th Floor

New York, NY 10022

DOMESTIC FILINGS

NAME: JMF ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133  
EXAMINER'S INITIALS \_\_\_\_\_

DIVISION OF CORPORATION

01 NOV 13 PM 4:45

RECEIVED