

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 30 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40780

1. Corporation Name

JMF ASSOCIATES, INC.

2. Principal Office Address

625 Madison Avenue

3. Mailing Office Address

625 Madison Avenue

Suite, Apt. #, etc.

Attn: Legal Department

Suite, Apt. #, etc.

Attn: Legal Department

City & State

New York, New York

City & State

New York, New York

Zip

10022

Country

Zip

10022

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/1992

5. FEI Number

13-3643124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

000017643800

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Brian Courtney

Date

4-30-03

REGISTERED AGENT ASST. V. Pres.

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
D	Michael J. Fried	625 Madison Avenue	New York, NY 10022
S	Teresa Wicelinski	625 Madison Avenue	New York, NY 10022
V	Janet Fried	625 Madison Avenue	New York, NY 10022
V	Alan Himes	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:

Teresa Wicelinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA WICELINSKI

4/28/03

Date

212-421-5333

Daytime Phone #

CFR2081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 900.00

ORDER DATE : April 30, 2003

ORDER TIME : 3:19 PM

ORDER NO. : 075874-270

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

REINSTATEMENT

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: Susie Knight EX 1156
EXAMINER'S INITIALS _____

RECEIVED
03 APR 30 PM 4:29
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATE REGISTRATION