

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000084338**

1. Corporation Name

TISHMAN REAL ESTATE INVESTMENT TRUST, INC.

Principal Place of Business

6200 STIRLING RD
SUITE C-407
DAVIE FL 33024
US

Mailing Address

6200 STIRLING RD
SUITE C-407
DAVIE FL 33024
US

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

2. New Principal Office Address, If Applicable

6200 STIRLING Rd

Suite, Apt. #, etc.

NO SUITE #

City & State

DAVIE, FL

Zip

33314

Country

3. New Mailing Office Address, If Applicable

6200 STIRLING Rd

Suite, Apt. #, etc.

NO SUITE #

City & State

DAVIE, FL

Zip

33314

Country

4. Date Incorporated or Qualified
To Do Business In Florida

11/16/1994

5. FEI Number

65-0577327

Applied For

Not Applicable

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
PSTD	TISHMAN, WILLIAM J	18901 OAKMONT DRIVE 2300 DIANA DR. #201	MIAMI-FL HALLANDALE, FL 33009

9800002343649-7
-11/10/97--01170--036
****750.00 ****750.00

REINSTATEMENT

'97

SC 11-6-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TISHMAN, WILLIAM J

18901 OAKMONT DR 2300 DIANA DR. #201

MIAMI-FL 33015 HALLANDALE, FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/97 (954) 964-6774

Daytime Phone #

CR2ED04 (8/97)