


1997 AIR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

Feb 18 1997 8:00am
Secretary of State

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000036850 (2)

1. Corporation Name

RELATED PROPERTIES, INC.

Principal Place of Business P.O. BOX 4110 BOCA RATON, FL 33429-4110	Mailing Address P.O. BOX 4110 BOCA RATON, FL 33429-4110
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

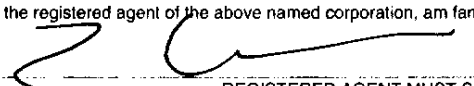
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5/10/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0580947	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	ZVI LEVIN	600 Silver Ln.	BOCA RATON, FL 33432
			600002090356 -02/18/97--01022--034 ***165.00

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	9. Name and Address of New Registered Agent Name ZVI LEVIN Street Address (P.O. Box Number is Not Acceptable) 600 Silver Ln. Suite, Apt. #, Etc. City BOCA RATON State FL Zip Code 33432
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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  Date 1/8/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: ZVI LEVIN, PRESIDENT 1/8/97 (561) 391-9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)