PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 28 AM 10:38

DOCUMENT # P96000088189

1. Corporation Name

PROMENADE AT AVENTURA CORPORATION

Principal Place of Business	Mailing Address
C/O CLARION PARTNERS 335 MADISON AVE. NEW YORK NY 10017 US	C/O CLARION PARTNERS 335 MADISON AVE. NEW YORK NY 10017 US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/25/1996

5. FEI Number: 65-0703481 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WEISZ, JOHN A	335 MADISON AVE.	NEW YORK NY 10017
D	FURNARY, STEPHEN J	335 MADISON AVE.	NEW YORK NY 10017
D	GROSSMAN, CHARLES	335 MADISON AVE.	NEW YORK NY 10017
D	SULLIVAN, FRANK J JR.	335 MADISON AVE.	NEW YORK NY 10017
VPST	ZAPPULLA, PETER A	335 MADISON AVE	NEW YORK NY
VP	BOWEN, DOUGLAS J	335 MADISON AVE	NEW YORK NY

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

400003035384--7
-11/04/99--01075--022
*****245.00 *****245.00

CR2E040 (8/98)

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: Meryl Wiener — Date: 10/27/99

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE: Peter A. Zappulla — 10/27/99 — (212) 883-2500

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