

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97 00000 5930**

1. Corporation Name

Tilden Properties, Inc.

2. Principal Office Address

2200 N. Atlantic Boulevard

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Office Address

c/o Gary Sheff, 11 West 42nd Street

Suite, Apt. #, etc.

21st Floor

City & State

New York, NY

Zip

10036

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/21/1997

5. FEI Number

650745543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04
11/05

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan
Spencer Hest
Secretary

REGISTERED AGENT MUST SIGN

Date

5/27/04

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
V/T/D	Andrew L. Fine	11 West 42nd St., 21st Floor	New York, NY 10036
V/S/D	Gary I. Sheff	11 West 42nd St., 21st Floor	New York, NY 10036
V	Jack Gillon	11 West 42nd St., 21st Floor	New York, NY 10036

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:

Gary I. Sheff
GARY I. SHEFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/04

Daytime Phone #

212-201-8242