

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**CORPORATION REINSTATEMENT**  
**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

2000 UBR

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC 18 PM 5:45

**DOCUMENT #** P98000066593  
**1. Corporation Name**  
 SBZZ OF ORLANDO INC

<b>2. Principal Office Address</b> 770 LEXINGTON AVE Suite, Apt. #, etc. 5 <sup>TH</sup> FLOOR City & State New York NY Zip 10021		<b>3. Mailing Office Address</b> C/O FEATHER & POST RESIDENTIAL 770 LEXINGTON AVE Suite, Apt. #, etc. 5 <sup>TH</sup> FLOOR City & State New York NY Zip 10021	
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**4. Date Incorporated or Qualified To Do Business in Florida** 7/29/98  
**5. FEI Number** 58-2405499  
 Applied For Not Applicable  
**6. CERTIFICATE OF STATUS DESIRED**  \$8.75. Additional Fee required for a Certificate of Status

12/12

**7. Name and Address of Current Registered Agent**

Name: PETER E. REINERT ESQ  
 Street Address (P.O. Box Number is Not Acceptable): 40 GOODGOLD, DOWNING, SHEPHERD, BATAVIA  
 Suite, Apt. #, Etc.: 222 WEST CONSTOCK AVE  
 City: WINTER PARK  
 State: FL Zip Code: 32789

**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: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN  
 Date: 12/14/00  
 900003501069--4  
 \*\*\*308.75 \*\*\*158.75

**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
PRES	ARTHUR ZECKENDORF	770 LEXINGTON AVE	NEW YORK NY 10021
VP	WILLIAM L. ZECKENDORF	770 LEXINGTON AVE	NEW YORK, NY 10021
VP	KENT SWIG	770 LEXINGTON AVE	NEW YORK NY 10021
VP	DAVID BURRIS	770 LEXINGTON AVE	NEW YORK NY 10021
			AD

**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:** \_\_\_\_\_ DAVID BURRIS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 11/29/00 Daytime Phone #: (212) 508-7

CR2E081 (9/99)

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P98000066593

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Attention: M. Hodges

Dear Ms. Hodges

Per our conversation I am enclosing the renewal fees for Corporate reinstatement and Limited Partnership reinstatement. Both renewal forms were not received by this office due to improper addressing, which has since been rectified. As we discussed because of this problem only the renewal fees are required not the fees for reinstatement.

Thank you for your assistance in this matter.

Very truly yours

A handwritten signature in black ink, appearing to read 'Richard Allen', is written over a horizontal line.

Richard Allen.