

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 2:50

DOCUMENT # PA90000006635
Corporation Name 880 Mandalay Avenue Inc.

100004658291--1/
-10/30/01--01006--020
****758.75 ****~~750.00~~
758.75

REINSTATEMENT 01

2. Principal Office Address C/O CLARION PARTNERS, LLC 335 MADISON AVENUE Suite, Apt. #, etc. <u>7TH FLOOR</u> City & State <u>NEW YORK, NY</u> Zip <u>10017</u> Country		3. Mailing Office Address C/O CLARION PARTNERS, LLC 335 MADISON AVENUE Suite, Apt. #, etc. <u>7TH FLOOR</u> City & State <u>NEW YORK, NY</u> Zip <u>10017</u> Country	
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4. Date Incorporated or Qualified To Do Business in Florida <u>1/21/99</u> SP	
5. FEI Number <u>134046808</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>CORPORATION SERVICE COMPANY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS STREET</u>			
Suite, Apt. #, Etc.			
City <u>TALLAHASSEE</u>	State FL	Zip Code <u>32301-2525</u>	

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 [Signature] **BRIAN COURTNEY, ASST. VP.** Date 10-25-01
REGISTERED AGENT MUST SIGN

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
DP	WEISZ, JOHN A	335 MADISON AVE	NEW YORK, NY 10017
DV	FURNARY, STEPHEN J.	335 MADISON AVE	NEW YORK, NY 10017
DV	GROSSMAN, CHARLES	335 MADISON AVE.	NEW YORK, NY 10017
DV	SULLIVAN, FRANK J JR.	335 MADISON AVE.	NEW YORK, NY 10017
PT	ROTTER, EDWARD M	335 MADISON AVE.	NEW YORK, NY 10017
IST	ZAPPULLA, PETER H	335 MADISON AVE.	NEW YORK, NY 10017

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: [Signature] Date 10/22/01 (212) 883-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2081 (9/00)