

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT DOCUMENT # F98000001573**

1. Corporation Name  
**BARCLAY/AEGIS INC.**

Principal Place of Business: 625 MADISON AVENUE, NEW YORK NY 10022  
Mailing Address: C/O THE RELATED CO LLP, 625 MADISON AVE-LEGAL DEPT, NEW YORK NY 11203

2. New Principal Office Address, If Applicable: 625 Madison Ave, NY NY 10022  
3. New Mailing Office Address, If Applicable: C/O The Related Co. LP, 625 Madison Avenue, NY NY 10022



**2001 UBR**

150.00

**FILED**  
01 NOV -7 PH 4: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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-11/16/01--01074--011  
\*\*\*\*291.25 \*\*\*\*150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	FRIED, J W	625 MADISON AVENUE	NEW YORK NY
PD	BOESKY, STUART J	625 MADISON AVENUE	NEW YORK NY
V	HIRMES, ALAN P	625 MADISON AVENUE	NEW YORK NY
D	ROSS, STEPHEN M	625 MADISON AVENUE	NEW YORK NY
V	<del>BROWN, BRUCE</del>	<del>625 MADISON AVENUE</del>	<del>NEW YORK NY</del>
V	SCHLACTER, MARK	625 MADISON AVENUE	NEW YORK NY

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code

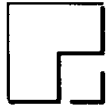
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Laura R. Dunlap as its agent Date: 11/7/01

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.

SIGNATURE: [Signature] Date: 10/26/01 Daytime Phone #: 212 421-5333

CR02040 (8/01)



The Related Companies, L.P.  
625 Madison Avenue  
New York, New York 10022-1801  
212-421-5333 Fax 212-593-5794  
One Of The Related Companies

F98000001573 (2)

01 NOV -7 PM 4: 54  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 6<sup>th</sup>, 2001

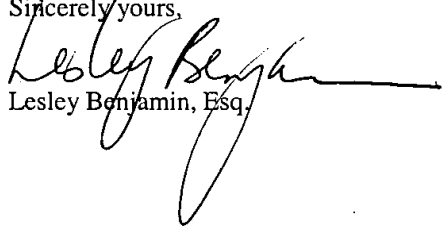
Department of State  
Division of Corporations  
POB 6327  
Tallahassee, FL 32314

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Sincerely yours,  
  
Lesley Benjamin, Esq.

BK