

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

**FILED**

**00 NOV 29 PM 3:00**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # F95000004141**

**1. Corporation Name  
ABERDEEN FUND MANAGERS, INC.**

**2. Principal Office Address  
One Financial Plaza, #2210  
Ft. Lauderdale, FL 33394**

**3. Mailing Office Address  
200 S. Biscayne**

**Suite, Apt. #, etc.  
2210**

**Suite, Apt. #, etc.**

**City & State  
Ft. Lauderdale, FL**

**City & State**

**Zip Country  
33394 USA**

**Zip Country**

**REINSTATEMENT** 97-00

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

**5. FEI Number  
510368279**

**Applied For  
Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status**

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

**Name  
ETHAN W. JOHNSON, ESQ.**

200003491652--6

-12/08/00 01043-003

**Street Address (P.O. Box Number is Not Acceptable)  
5300 First Union Financial Center, 200 S. Biscayne Blvd.**

\*\*\*1200.00 \*\*\*1200.00

**Suite, Apt. #, Etc.**

**City  
Miami**

**State Zip Code  
FL 33131-2339**

**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**

*Ethan W. Johnson* **Ethan W. Johnson** Date **11/28/00**

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
CEO	Bev Hendry	One Financial Plaza, #2210	Ft. Lauderdale, FL 33394
Pres.	Martin J. Gilbert	One Financial Plaza, #2210	Ft. Lauderdale, FL 33394
Direc.	James L. Pope	One Financial Plaza, #2210	Ft. Lauderdale, FL 33394
Direc.	Richard D. Fabricius	One Financial Plaza, #2210	Ft. Lauderdale, FL 33394

**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.**

**KE**

**SIGNATURE:**

**Gilbert J. Martin**

**11-28-2000**

**(954) 767-9900**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**