APPLICATION FOR REINSTATEMENT

L44815

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
94 MAR -3 PM 2:24

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # L44815

The Bluffs Shopping Center Corporation
1645 Palm Beach Lakes Blvd.-Suite 420
West Palm Beach, Florida 33401

8/13/93

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

4300 South U.S. Highway 1

Address: Suite 204

Address: Jupiter, FL

City and State: 33477

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number		5. $8.75 Additional Fee required for a Certificate of Status
January 19, 1990	65-0172554	FEI Number Applied For ☐ / FEI Number Not Applicable ☐	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D,P	John W. S. Preston	4300 South U.S. Highway 1	Jupiter, FL
D,V	Peter F. Cohen	2851 John Street	Markham, Ontario
D,S,T	Robert S. Green	2851 John Street	Markham, Ontario
V	Mark Barry	4300 South U.S. Highway 1	Jupiter, FL

3/3/94
REINSTATEMENT 1993-1994
BK
100002414051

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

John White, II, Esq.
1645 Palm Beach Lakes Blvd.-Suite 1200
West Palm Beach, Florida 33401

8. Name and Address of New Registered Agent and/or Office

Name: 800000973638
03-07-94--01087--001
****575.00 ****575.00

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip

9. 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: John White II
REGISTERED AGENT MUST SIGN

Date: March ~~February~~ 2, 1994

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: X Mark Barry Date: 02/28/94 Daytime Phone #: (407) 624-9500

Typed or printed name of signing officer or director: Mark Barry