Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000134761 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
WEST PALM BEACH COMMERCE PARK PROPERTY OWNERS ASSOCI

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$297.50**

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 MAY 18 AM 9:10

DOCUMENT # N07000001246

1. Corporation Name

West Palm Beach Commerce Park Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4545 Airport Way	4545 Airport Way
Suite, Apt #, etc.	Suite, Apt #, etc. Attn: Legal Dept.
City & State: Denver, CO	City & State: Denver, CO
Zip: 80239 Country: USA	Zip: 80239 Country: USA

REINSTATEMENT 11-12
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/2007

5. FEI Number: 90-0470393 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Stephanie K. Mines Assistant Vice President Date:

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
DR/P	Edward S. Nekritz	4545 Airport Way	Denver, CO 80239
DR	Wallace D. Sanger	3301 SW 42nd Street	Hollywood, FL 33312
DVPS	Michael T. Blair	4545 Airport Way	Denver, CO 80239
T	Christianne C. Chen	4545 Airport Way	Denver, CO 80239

10. **E-mail Address:** mjurgens@prologis.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Edward S. Nekritz EdwardS.Nekritz 05/18/2012 303-567-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAY 18 2012
A. DUNLAP