Division of Corporations

Florida Department of State

Division of Corporations

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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

TGM-JUPITER PROPERTY OWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$481.25

RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 OCT 16 PM 1:39

DOCUMENT # N07000010112

1. Corporation Name
TGM-JUPITER PROPERTY OWNERS ASSOCIATION, INC.

REINSTATEMENT 08-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
650 FIFTH AVENUE	650 FIFTH AVENUE
Suite, Apt. #, etc. C/O TGM ASSOCIATES, L.P.	Suite, Apt. #, etc. C/O TGM ASSOCIATES, L.P.
City & State New York, NY	City & State New York, NY
Zip 10019 / Country USA	Zip 10019 / Country USA

4. Date Incorporated or Qualified To Do Business In Florida 10/16/2007

5. FEI Number ☐ 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 _____ Date 10/15/12

REGISTERED AGENT MUST SIGN DAVID NICKERSON, ASST VP

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
PD	Thomas Gochberg	650 Fifth Ave - 28th Floor	New York, NY 10019
EVP	John R. Gochberg	650 Fifth Ave - 28th Floor	New York, NY 10019
SVPD	Steven C. Macy	650 Fifth Ave - 28th Floor	New York, NY 10019
SVPD	Michael G. Frazzetta	650 Fifth Ave - 28th Floor	New York, NY 10019
VPS	Veta Bills	650 Fifth Ave - 28th Floor	New York, NY 10019
VP	Zachary Goldman	650 Fifth Ave - 28th Floor	New York, NY 10019

10. **E-mail Address:** vbills@tgmassociates.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: Veta B. Bills VetaBills 10/12/2012 212-830-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT 16 2012

T. CAULEY