

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN 25 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/09/02--01020--008  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

DOCUMENT # 579791

1. Corporation Name

**Parker Tampa Two, Inc.**

2. Principal Office Address

**5365 Harborside Drive**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

Zip

**33615**

Country

**USA**

3. Mailing Office Address

**1700 Broadway**

Suite, Apt. #, etc.

**34th Floor Legal Dept.**

City & State

**New York, New York**

Zip

**10019**

Country

**USA**

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/21/78**

5. FEI Number

**58-1843429**

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

**Stephen J. Mitchell**

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

**201 N. Franklin Street**

Suite, Apt. #, Etc.

**Suite 2100**

City

**Tampa**

State

**FL**

Zip Code

**33602**

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

REGISTERED AGENT MUST SIGN

Date **June 24, 2002**

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	Adam Glick	104-70 Queens Blvd.	Forest Hills, New York
VP-D-S	Jean-Pierre Vaganay	1700 Broadway, 17th Floor	New York, New York
VP-D	Richard Gordon	1700 Broadway, 17th Floor	New York, New York
VP-T	Arnon Hurvitz	1700 Broadway, 17th Floor	New York, New York
AS	Stephen J. Mitchell	201 N. Franklin Street Suite 2100	Tampa, Florida 33602

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN J. Mitchell** 06/24/02 813-202-1300

Date

Daytime Phone #

CR2E081 (9/01)