

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **FORMED**

00 DEC 28 PM 12:46


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/11/01--01049--014

***1050.00 ***1050.00

REINSTATEMENT 98-00

| | | | |
|--|----------------|--|---------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 613565 | | | |
| 1. Corporation Name 3260 Corporation I, Inc. | | | |
| 2. Principal Office Address 1700 West Palm Beach Lakes Blvd. Suite, Apt. #, etc. #700 | | 3. Mailing Office Address same Suite, Apt. #, etc. | |
| City & State West Palm Beach, FL | | City & State | |
| Zip 33401 | Country USA | Zip | Country |
| 4. Date Incorporated or Qualified To Do Business in Florida 3/20/79 | | 5. FEI Number 59-2955670 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For Not Applicable | |
| \$3.75 Additional Fee Required for a Certificate of Status | | | |

| | |
|--|-------------------|
| 7. Name and Address of Current Registered Agent | |
| Name CT Corporation System | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road | |
| Suite, Apt. #, Etc. | |
| City Plantation | State FL |
| | Zip Code 33324 |

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: James M. Halpin Date: 12/27/00

James M. Halpin
Assistant Secretary
REGISTERED AGENT MUST SIGN

| 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 |
| VP & Dir. | Robert T. Newton | 1700 West Palm Beach Lakes Blvd. | West Palm Beach, FL 33401 |
| Secy. & Dir. | F. Steven Hitchcock | same as above | |
| Treas. | Robert G. Cara | same as above | |
| | | | |
| | | | |

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)(b), 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] Date: 12/21/00 Daytime Phone #: 800-826-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREDITS (9/97)