


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 30 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900004721389--8 -12/12/01--01082--022 ****758.75 ****758.75
CORPORATION REINSTATEMENT		
DOCUMENT # 686682		
1. Corporation Name ACP FLORIDA HOLDINGS, INC.		
2. Principal Office Address Plaza Center Suite, Apt. #, etc. 249 Royal Palm Way, #301 City & State Palm Beach, Florida Zip 3 3 4 8 0 Country U. S. A.		3. Mailing Office Address American Continental Properties Attn: J. Alexander Ray Suite, Apt. #, etc. 400 Park Ave., 7th Floor City & State New York, New York Zip 1 0 0 2 2 Country U. S. A.
		4. Date Incorporated or Qualified To Do Business in Florida 09/05/80
		5. FEI Number 13-3040379 <div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div>
7. Name and Address of Current Registered Agent		
Name C. T. Corporate Systems		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation		State FL Zip Code 3 3 3 2 4
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 <i>Barbara A. Burke</i>		Date <i>11-27-01</i>
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
C	Daniele D. Bodini	American Continental Properties 400 Park Ave., 7th Floor New York, NY 10022
P	Roy E. Kievit	American Continental Properties 400 Park Ave., 7th Floor New York, NY 10022
S	John D. Viener	American Continental Properties 400 Park Ave., 7th Floor New York, NY 10022
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: <i>[Signature]</i>		Date 11/20/01 Daytime Phone # (212) 826-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E081 (9/00)