

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 11 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, FL

Zip

33480

Country

3. Mailing Office Address

c/o American Continental Properties  
# A. CASSELLA

Suite, Apt. #, etc.

400 PARK AVENUE

City & State

NEW YORK, NY 10022

Zip

10022

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/8/1980

5. FEI Number

133040379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

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

COSSIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 10/11/2004

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	400 PARK AVENUE, 7th FL.	NEW YORK, NY 10022
A	ROY E. KIEVIT	400 PARK AVENUE, 7th FL.	NEW YORK, NY 10022
S	JOHN VIENER	620 Fifth Avenue	NEW YORK, NY 10020

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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

ROY E. KIEVIT, PRESIDENT

Date

9/28/04

Daytime Phone #