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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (8/05)

DOCUMENT # F01000002874

1. Corporation Name
JCDECAUX MALLSCAPE, INC.

2. Principal Office Address	3. Mailing Office Address
3 Park Avenue	Same
Suite, Apt. #, etc.: 33rd floor	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10016 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: F01000002874

5. FEI Number: 134025274 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ (Fee Applies)

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH 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: Corine Bury CORINE BURY SPECIAL ADMINISTRATIVE SECRETARY Date: 10/18/2007

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
Co-CEO CEO	Bernard Parisot	3 Park Ave 33rd floor	New York, NY 10036
Co-CEO	Jean-Luc Decaux	3 Park Ave 33rd floor	New York, NY 10036
Secretary	Gabrielle Brussel	3 Park Ave 33rd floor	New York, NY 10036
Director	Bernard Parisot	"	"
Director	Jean-Luc Decaux	"	"
	REINSTATEMENT		10-07 RH

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: Gabrielle Brussel 10/17/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary

FL018 - 9/14/05 C T System Online

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

JCDECAUX MALLSCAPE, INC.

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