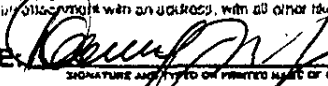
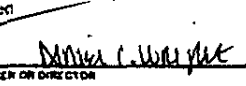


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006317			
1. Entity Name TAMPA INTERNATIONAL TENANT CORP.			
Principal Place of Business 420 S ORANGE AVENUE STE. 700 ORLANDO, FL 32801		Mailing Address P.O. BOX 2226 ORLANDO, FL 32802-2226	
2. Principal Place of Business - No P.O. Box 1 Post Office Square Suite, Apt. #, etc. 3100		3. Mailing Address 1 Post Office Square Suite, Apt. #, etc. 3100	
City & State Boston, MA		City & State Boston, MA	
Zip 02109		Country	
4. FEI Number 61-1437968		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMAS, STEPHANIE J 420 S. ORANGE AVENUE STE. 700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name CT Corporation System 1200 S Pine Island Rd, Suite 250 Plantation, Florida 33324 FL Zip Code	
8. The above named entity signed this statement for the purpose of changing its registered office or agent, in the State of Florida, in compliance with, and accept the obligations of, the provisions of Chapter 607, Florida Statutes.			
SIGNATURE Connie Bryan		2/2/09	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
CEO NAME: HUTCHISON, THOMAS J III STREET ADDRESS: 420 S. ORANGE AVENUE, STE 700 CITY, ST, ZIP: ORLANDO, FL 32801	☒ Delete	P NAME: Karamjit S. Kalsi STREET ADDRESS: 1585 Broadway CITY, ST, ZIP: New York, NY 10036	☐ Change ☐ Addition
SEVP NAME: STRICKLAND, C. BRIAN STREET ADDRESS: 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP: ORLANDO, FL 32801	☒ Delete	D NAME: Michael J. Franco STREET ADDRESS: 1585 Broadway CITY, ST, ZIP: New York, NY 10036	☐ Change ☐ Addition
AS NAME: THOMAS, STEPHANIE J STREET ADDRESS: 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP: ORLANDO, FL 32801	☒ Delete	D NAME: Michael T. Quinn STREET ADDRESS: 1585 Broadway CITY, ST, ZIP: New York, NY 10036	☐ Change ☐ Addition
TD NAME: BOURNE, ROBERT A STREET ADDRESS: 450 S. ORANGE AVENUE CITY, ST, ZIP: ORLANDO, FL 32801	☒ Delete	VP NAME: Daniel C. Wright STREET ADDRESS: 1 Post Office Square Ste 3100 CITY, ST, ZIP: Boston MA, 02109	☐ Change ☐ Addition
DC NAME: SENEFF, JAMES M JR STREET ADDRESS: 450 S. ORANGE AVENUE CITY, ST, ZIP: ORLANDO, FL 32801	☒ Delete	VP NAME: Warren Fields STREET ADDRESS: 1 Post Office Square Ste 3100 CITY, ST, ZIP: Boston MA, 02109	☐ Change ☐ Addition
D NAME: WONG, TONY STREET ADDRESS: 114 W. 47TH STREET, SUITE 1715 CITY, ST, ZIP: NEW YORK, NY 10036	☒ Delete	VP NAME: Jim Dina STREET ADDRESS: 1 Post Office Square Ste 3100 CITY, ST, ZIP: Boston MA, 02109	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the individual or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed or on a supplemental report with an address, with all other info empowered.			
SIGNATURE: 		SIGNATURE: 	

2/17