

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JAN 20 AM 8:13
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F03000002213</u>			
1. Corporation Name IKEA Property, Inc.			
2. Principal Office Address 496 W. Germantown Pike		3. Mailing Office Address 496 W. Germantown Pike	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plymouth Meeting, PA		City & State Plymouth Meeting, PA	
Zip 19462	Country USA	Zip 19462	Country USA

REINSTATEMENT 04-06

CR2E081 (12/05)

JAN 8 1 2006

4. Date Incorporated or Qualified To Do Business in Florida May 2, 2003	
5. FSL Number 23-2270842	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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 Numbers Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State / Zip Code FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.		
Signature of Registered Agent <i>Margaret E. Routzahn</i>	MARGARET E. ROUTZAHN Special Assistant Secretary	Date 1/24/06
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
P/DIR	Dan Gustafsson	496 W. Germantown Pike	Plymouth Meeting, PA 19462
Dir	Pernille Lopez	496 W. Germantown Pike	Plymouth Meeting, PA 19462
DIR/AS	Dave Larsson	496 W. Germantown Pike	Plymouth Meeting, PA 19462
VP	Gary Ternes	496 W. Germantown Pike	Plymouth Meeting, PA 19462
Sec	Margaret Jones	496 W. Germantown Pike	Plymouth Meeting, PA 19462
Treas	John Robinson	496 W. Germantown Pike	Plymouth Meeting, PA 19462

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 contained in Chapter 119, 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: *Gary Ternes, VP Margaret Jones, Secretary* Date **1/17/2006** 610-834-0180
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR