

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003443

1. Entity Name
PLANO 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

100143745071
02/17/09--01010--012 **300.00



2. Principal Place of Business - No P.O. Box
1 Post Office Square 1 Post Office Square

Suite, Apt. #, etc.
3100

Suite, Apt. #, etc.
3100

12222008 REIN-P CR2E098 (1/07)

City & State
Boston, MA

City & State
Boston, MA

4. FEI Number
20-0093977

Applied For
Not Applicable

Zip
02109

Country

Zip
02109

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, STEPHANIE J
420 S. ORANGE AVENUE
STE 700
ORLANDO, FL 32801

Name
CT Corporation System
1200 S Pine Island Rd, Suite 250
Plantation, Florida 33324

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Connie Bryan
Signature, typed or printed name of registered agent, and his or her address

Connie Bryan
Assistant Secretary

2/2/09

FILE NOW!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME	D	☒ Delete
STREET ADDRESS	BOURNE, ROBERT A	
CITY-STATE-ZIP	450 S. ORANGE AVENUE ORLANDO, FL 32801	
FILE NAME	DP	☒ Delete
STREET ADDRESS	GRISWOLD, JOHN A	
CITY-STATE-ZIP	420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801	
FILE NAME	DSVP	☒ Delete
STREET ADDRESS	BLOOM, BARRY A.N.	
CITY-STATE-ZIP	420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801	
FILE NAME	SEVP	☒ Delete
STREET ADDRESS	STRICKLAND, C. BRIAN	
CITY-STATE-ZIP	420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801	
FILE NAME	T	☒ Delete
STREET ADDRESS	STRICKLAND, C. BRIAN	
CITY-STATE-ZIP	420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801	
FILE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

FILE NAME	P	☐ Change ☐ Addition
STREET ADDRESS	Karamjit S. Kalsi	
CITY-STATE-ZIP	1585 Broadway New York, NY 10036	
FILE NAME	D	☐ Change ☐ Addition
STREET ADDRESS	Michael T. Quinn	
CITY-STATE-ZIP	1585 Broadway New York, NY 10036	
FILE NAME	D	☐ Change ☐ Addition
STREET ADDRESS	Michael J. Franco	
CITY-STATE-ZIP	1585 Broadway New York, NY 10036	
FILE NAME	VP	☐ Change ☐ Addition
STREET ADDRESS	Daniel C. Wright	
CITY-STATE-ZIP	1 Post Office Square Ste 3100 Boston MA, 02109	
FILE NAME	VP	☐ Change ☐ Addition
STREET ADDRESS	Warren Fields	
CITY-STATE-ZIP	1 Post Office Square Ste 3100 Boston MA, 02109	
FILE NAME	VP	☐ Change ☐ Addition
STREET ADDRESS	Jim Dins	
CITY-STATE-ZIP	1 Post Office Square Ste 3100 Boston MA, 02109	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information contained 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 receiver or trustee empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel C. Wright, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/09