

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

TRINET ESSENTIAL FACILITIES III, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. H 1:11

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002342

1. Corporation Name

TRINET ESSENTIAL FACILITIES III, INC.

2. Principal Office Address

1114 AVE. OF THE AMERICAS

Suite, Apt. #, etc.

27th FLOOR

City & State

NEW YORK, NY

Zip

10036

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/1993

5. FEI Number

94-3175663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date 8/12/03

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/C	JAY SUGARMAN	1114 AVE OF THE AMERICAS, 27th Floor	NEW YORK, NY 10036
T/D	CATHERINE RICE	1114 AVE OF THE AMERICAS, 27th Floor	NEW YORK, NY 10036
S	GEOFFREY DUGAN	ONE EMBARCADERO CENTER, 33rd Floor	SAN FRANCISCO, CA 94111

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/2003 (415) 391-4300

Date

Daytime Phone #

Geoffrey M. Dugan