

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F95000005618

1. Corporation Name  
BJS/KBS Retail Inc.

Principal Place of Business  
c/o The Blackstone Group  
345 Park Avenue - 31st Floor  
New York, N.Y. 10154

Mailing Address  
c/o The Blackstone Group  
345 Park Avenue, 31st Floor  
New York, N.Y. 10154

**FILED**

97 APR -1 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified To Do Business in Florida 11/16/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3809623

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip   |
|----------|-----------------------------------|-------------------------------------------------------------------------------------|----------------------|
| P        | Schwarzman, Stephen A.            | 345 Park Avenue, 31st Floor                                                         | New York, N.Y. 10154 |
| V        | Gallooly, Mark T                  | 345 Park Avenue, 31st Floor                                                         | New York, N.Y. 10154 |
| SDC      | Whitney, Kenneth C.               | 345 Park Avenue, 31st Floor                                                         | New York, N.Y. 10154 |
| DT       | Saylak, Thomas J.                 | 345 Park Avenue, 31st Floor                                                         | New York, N.Y. 10154 |
|          |                                   |                                                                                     |                      |
|          |                                   |                                                                                     |                      |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Fl. 33324

Name

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

200002131492--5

Suite, Apt. #, Etc.

-04/02/97--01076--021

City

\*\*\*915.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

DWIGHT COOTS

REGISTERED AGENT MUST SIGN

Date February 14, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

Date

(212)

754-7348

Daytime Phone