

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004821

FILED

99 DEC 14 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VANTAS BOCA RATON, INC.

Principal Place of Business

Mailing Address

90 PARK AVE., SUITE 3100 VANTAS
C/O ALLIANCE NATIONAL INCORPORATED
NEW YORK NY 10016

90 PARK AVE., SUITE 3100 VANTAS
C/O ALLIANCE NATIONAL INCORPORATED
NEW YORK NY 10016



REINSTATEMENT 99

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|--|---|----------------------|
| DP | BEALE, DAVID W | 90 PARK AVE., SUITE 3100 | NEW YORK NY 10016 |
| ST | LANGER, ALAN | 90 PARK AVE., SUITE 3100 | NEW YORK NY 10016 |
| AS | STEVEN H. COOPERMAN | 90 PARK AVE., STE. 3100 | N.Y., NY 10016 |
| | | | |
| | | | |
| | | | |
| | | | |

800003078288-4
-12/22/99--01077--023
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN H. COOPERMAN

1/30/99

Date

(212) 907-6419

Daytime Phone #