

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 OCT 18 PM 12:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000446

1. Corporation Name

9000 Centre Management Corp.

2. Principal Office Address
c/o Cronin & Vris

Suite, Apt. #, etc.
380 Madison Avenue

City & State
New York, NY

Zip
10017

Country
USA

3. Mailing Office Address
c/o Cronin & Vris

Suite, Apt. #, etc.
380 Madison Avenue

City & State
New York, NY

Zip
10017

Country
USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 1/22/99

5. FEI Number
13-4105407

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 Number is Not Acceptable)
1200 S. Pine Island Road

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
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/18/04

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/S	Denis Cronin	380 Madison Avenue, 24th Floor	New York, NY 10017

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denis Cronin, President

Date

Daytime Phone #