CORPORATION REINSTATEMENT

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

FILED
01 APR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCUMENT # H83962

Corporation Name
CLINTON MANAGEMENT CORPORATION

Principal Office Address: 450 NW 27th ST

3. Mailing Office Address: SAME

REINSTATEMENT 00-01 SP

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: :IAMI, FL	City & State
Zip: 3127 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: OCT 30, 1985

5. FEI Number: 59-2647119 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation — State: FL — Zip Code: 33324

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.

ture of tered Agent: Vicky Goldstein Special Asst. Sec. VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY — Date 4/12/01
REGISTERED AGENT MUST SIGN

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

s	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
:S	MAXWELL L. TRIPP	450 NW 27th St	MIAMI FL 33127
	JOHN K. ZIEGLER	450 NW 27th St	MIAMI FL 33127
ry	MARY-ANNE KIERAN	450 NW 27th St	MIAMI FL 33127
			700004138777--3
			05/07/01--01060--008 ***1050.00 ***1050.00

rtify 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 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 d 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 is application is true and accurate, and my signature shall have the same legal effect as if made under oath.

ATURE: Mary-Anne Kieran — 3-30-01 — (908) 918-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY-ANNE KIERAN

CR2E081 (8/00)