


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000002400 1. Entity Name CITYPLACE CULTURAL ARTS CENTER, INC.					
Principal Place of Business 600 ROSEMARY AVE WEST PALM BEACH, FL 33401			Mailing Address 700 S ROSEMARY STE 200 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
Cynthia L. Harris as its agent					
SIGNATURE <u>Cynthia L. Harris</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>11/26/05</u>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BURGER, MARTIN S 625 MADISON AVENUE 9TH FLOOR NEW YORK, NY 100211801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BURGER, MARTIN S. 60 COLUMBUS CIRCLE, 18TH FLOOR New York N.Y. 10022
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRIS, LYNDA J 222 LAKEVIEW AVENUE SUITE 1400 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEISTER, ADAM 700 S ROSEMARY AVE, SUITE 200 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061256085 11/08/05--01041--001 **\$61.25
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cynthia L. Harris</u> (Signature and Typed Name of Signing Officer or Director)					
				Date: <u>10/26/05</u>	
				Daytime Phone #: <u>212-421-5333</u>	

FILED

2005 NOV 4 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172005 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0999121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Cynthia L. Harris
as its agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVT
BURGER, MARTIN S
625 MADISON AVENUE 9TH FLOOR
NEW YORK, NY 100211801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
HARRIS, LYNDA J
222 LAKEVIEW AVENUE SUITE 1400
WEST PALM BEACH, FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
MEISTER, ADAM
700 S ROSEMARY AVE, SUITE 200
WEST PALM BEACH, FL 33401

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

DVT
BURGER, MARTIN S.
60 COLUMBUS CIRCLE, 18TH FLOOR
New York N.Y. 10022

☒ Change ☐ Addition

TITLE
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