

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 OCT 21 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *02*

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-10/21/02--01089--002  
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**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N01000003881  
1. Corporation Name  
**THE FRUITVILLE BUSINESS CENTER ASSOCIATION, INC.**

2. Principal Office Address: 2033 Main St., Ste. 600  
3. Mailing Office Address: SAME

Suite, Apt. #, etc. Ste. 600  
City & State: Sarasota, FL  
Zip: 34237

4. Date incorporated or Qualified To Do Business in Florida: 06/05/2001  
5. FEI Number:  Applied For /  Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: Icard, Merrill, Cullis, et.al., attn. Michael J. Furen  
Street Address (P.O. Box Number is Not Acceptable): 2033 Main St.  
Suite, Apt. #, Etc.: Ste. 600  
City: Sarasota  
State: FL Zip Code: 34237

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: *[Signature]* Date: 10/18/02  
REGISTERED AGENT MUST SIGN

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
PD	Charles Kramer	501 Madison Ave.	New York, NY 10022
VSD	Robert W. LoSchiavo	501 Madison Ave.	New York, NY 10022
TD	Brad Kushner	501 Madison Ave.	New York, NY 10022
D	Ronlad Bruder	501 Madison Ave.	New York, NY 10022

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]* **SPRING VICE PRESIDENT** Date: 10/17/02  
City/State/Zip: 212-753-3123

CHECKLIST (REV 01)

*y 10/23/02*