

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003881

FILED
Oct 20, 2004
Secretary of State**Entity Name:** THE FRUITVILLE BUSINESS CENTER ASSOCIATION, INC.**Current Principal Place of Business:**2033 MAIN STREET #600
SARASOTA, FL 34237**New Principal Place of Business:****Current Mailing Address:**2033 MAIN STREET #600
SARASOTA, FL 34237**New Mailing Address:****FEI Number:** 13-3970849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**ICARD, MERRILL, CULLIS, ET. AL.
ATTENTION: MICHAEL J. FUREN
2033 MAIN STREET - SUITE 600
SARASOTA, FL 34237 US**Name and Address of New Registered Agent:**FUREN, MICHAEL J
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

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.

SIGNATURE: MICHAEL J FURNE

10/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: KRAMER, CHARLES
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022**Title:** VSD () Delete
Name: SAMTON, ZACHARY E
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022**Title:** TD () Delete
Name: KUSHNER, BRAD
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022**Title:** D () Delete
Name: BRUDER, RONALD
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES KRAMER

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date