PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 26 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-09[illegible]43

1. Corporation Name

BOYNTON BEACH DISTRIBUTION CENTER MASTER ASSOCIATION, INC.

REINSTATEMENT 89-03

2. Principal Office Address		**3.** Mailing Office Address	
9480 So. Military Trail		9480 So. Military Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 4A		Suite 4A	
City & State		City & State	
Boynton Beach, FL		Boynton Beach, FL	
Zip	Country	Zip	Country
33436	USA	33436	USA

4. Date Incorporated or Qualified To Do Business in Florida: May 13, 1985

5. FEI Number: 83-0349435 ☐ 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: Steven L. Daniels, Esq.

Street Address (P.O. Box Number is Not Acceptable): 515 No. Flagler Drive,

600014694976
03/26/03--01006--006 **1033 75

Suite, Apt. #, Etc.: Sixth Floor

City: West Palm Beach, State: FL Zip Code: 33401

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 _____ Date 3/10/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Nicholas A. Solimine, Jr.	9480 So. Military Trail, Suite 4A	Boynton Beach, FL 33436
D	Nita Knobbe	9480 So. Military Trail, Suite 4A	Boynton Beach, FL 33436
D	Alvin Brown	9480 So. Military Trail, Suite 4A	Boynton Beach, FL 33436

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: _____ 3/13/03 561-738-9308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 3/21