Florida Department of State

Division of Corporations

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From:
Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT

PALM BEACH RETAIL CENTER PROPERTY OWNER'S ASSOCIATIO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14000002830

1. Corporation Name

PALM BEACH RETAIL CENTER PROPERTY OWNER'S ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
75 PARK PLAZA, 3RD FL	75 PARK PLAZA, 3RD FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOSTON, MA	City & State: BOSTON, MA
Zip: 02116 Country: USA	Zip: 02116 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 24, 2014

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

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

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: Lisa Shdeed, V.P. Date: 12/1/15

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
P D	KARP, STEPHEN R.	75 PARK PLAZA, 3RD FL	BOSTON, MA 02116
VP D	FISCHMAN, STEVEN S.	75 PARK PLAZA, 3RD FL	BOSTON, MA 02116
S T D	KARP, DOUGLASS E.	75 PARK PLAZA, 3RD FL	BOSTON, MA 02116

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12/02/2015
SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #