PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				tiles:	
DOCUMENT # N15000000813 1. Corporation Name				18 JUN 11 AM 3:07 SECRETARY OF STATE FALLAMASSEE, FLORIDA	
CENTRAL STATION PROPERTY	OWNERS' ASSOCI	ATION, INC.			
Principal Office Address - No P.O. Box # 3. Mailing Office Address					
480 N Orange Ave.	_	te House Square, 15th Floor			
Suite, Apt. #, etc	Suite, Apt. #, etc.	1		CR2E081 (11/10)	
				Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State			01/27/2015 5. FEI Numbor Applied For	
Orlando, FL	Hartford, CT	Hartford, CT		Not Applicable	
32801 USA	^{2φ} 06103-3604	USA	6. CERTIFICA	TE OF STATUS DESIRED \$8.75 Additional Fee requir	
7. Name and Addres	s of Current Registered Ag	ent	Ì		
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.			300314556833		
Tallahassee		FL 32301			
8. I, being appointed the registered agent of the above name accomposation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S. Signature of Registered Agent Asst. Vice President Date REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonp	rofit corporations must list at k	est 3 directors)		
Tatles Name of Officers and/or Director	rs	Strnet Address of Each Officer and/or Director		City / State / Zip	
Dir/P Marcia N. Curtin		10 State House Square, 15th Floor		Hartford, CT 06103-3604	
Dir Jonathan Coomb	es 10 S	10 State House Square, 15th Floor		Hartford, CT 06103-3604	
Dir/VP Suzanne DeWit	t 33	3301 NE 1st Avenue, Suite 109		Miami, FL 33134	
Dir/S Alejandro Vadia	33	3301 NE 1st Avenue, Suite 109		Miami, FL 33134	
Treas Michele Brice	100 (100 Colonial Center Pkwy, Suite 170		Lake Mary, FL 32746	
10. E-mail Address: patricia.reidy@ubs.com					
[To be used for future annual report notification] [In the 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 filling 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 xame legal effect as if made under oath. I am aware that talse information submitted in a document to the Department of State constitutes a third degree Inlony as provided for in a 817,155, F.S. SIGNATURE: Marcia N. Curtin, President 6/8/2018 860 616-9041					

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 249305 5040118

AUTHORIZATION

COST LIMIT

ORDER DATE: June 8, 2018

ORDER TIME : 8:51 AM

ORDER NO. : 249305-005

CUSTOMER NO: 5040118

DOMESTIC FILINGS

NAME: CENTRAL STATION PROPERTY OWNERS' ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext# 62969

EXAMINER'S INITIALS