

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34512

1. Corporation Name

SABAL CENTER ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3800 CITIBANK CENTER

3. Mailing Office Address

12401 Prosperity Drive

Suite, Apt. #, etc.

BUILDING A

Suite, Apt. #, etc.

Attn: Del Manson / CRS

City & State

Tampa, FL

City & State

Silver Spring, MD

Zip

33610-9122

Country

USA

Zip

20904

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **10/05/1989**

5. FEI Number

22-3019780

☐ 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

Sheila Cribb

Street Address (P.O. Box Number is Not Acceptable)

14000 CITI CARDS WAY

**SHEILA CRIBB, SVP
Senior Portfolio Manager
Citi Realty Services
14000 Citicards Way
Jacksonville, FL 32258
904-954-2030**

Suite, Apt. #, Etc.

BUILDING A

City

Jacksonville

State

FL

Zip Code

32258

REINSTATEMENT

1999-2010

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

Sheila Cribb

REGISTERED AGENT MUST SIGN

Date **7/21/10**

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
DC	Sheila Cribb	14000 Citi Cards Way, Building A	Jacksonville, FL 32258
DP	Michael Tanneberger	3800 Citibank Center, Building A	Tampa, FL 33610-9122
DV	Simon Key	12401 Prosperity Drive	Silver Spring, MD 20904
DTS	Delharty Manson	12401 Prosperity Drive	Silver Spring, MD 20904

10. E-mail Address: **delharty.manson@citi.com**

(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., 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.

SIGNATURE:

Sheila Cribb

Sheila Cribb

7/21/10

(904)954-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #