PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 6/13/97

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JUN 13 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** N94000001603

1. Corporation Name
ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4665 LeChalet Blvd.<br>Boynton Beach, FL 33437 | 4665 Le Chalet Blvd.<br>Boynton Beach, FL 33437 |

400002211344--9
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| 1500 Corporate Way | 1500 Corporate Way |
| Suite, Apt. #, etc.: 104 | Suite, Apt. #, etc.: 104 |
| City & State: Wellington, FL | City & State: Wellington, FL |
| Zip: 33414 Country: USA | Zip: 33414 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: 3-30-94

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| ~~DP~~ | ~~William Hammersley~~ | ~~4965 LeChalet Blvd.~~ | ~~Boynton Beach, FL 33437~~ |
| ~~DV~~ | ~~Charles M. Black~~ | ~~4965 LeChalet Blvd.~~ | ~~Boynton Beach, FL 33437~~ |
| ~~DV~~ ~~ST~~ | ~~Donenic Rizzo~~ | ~~4965 LeChalet Blvd.~~ | ~~Boynton Beach, FL 33437~~ |
| DP | Hank Yunes | 1500 Corporate Center Way Suite 104 | Wellington, FL 33414 |
| DV | Jonathan Satter | 1500 Corporate Center Way Suite 104 | Wellington, FL 33414 |
| DST | Patrick J. DiSalvo | 1200 Corporate Center Way Suite 100 | Wellington, FL 33414 |

8. Name and Address of Current Registered Agent

William Hammersley
4965 LeChalet Blvd.
Boynton Beach, FL 33437

9. Name and Address of New Registered Agent

Name: Paramount Real Estate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1500 Corporate Center Way
Suite, Apt. #, Etc.: Suite 104
City: Wellington State: FL Zip Code: 33414

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: PARAMOUNT REAL ESTATE SERVICES, INC. BY: Hank Yunes, Pres.
REGISTERED AGENT MUST SIGN

Date: June 11, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Hank Yunes, Pres. Hank Yunes, Pres. June 11, 1997 561-798-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSD
10/13/97

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 427385 87551A

AUTHORIZATION Patricia Pyg

COST LIMIT : $ 367.50

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ORDER DATE : June 13, 1997

ORDER TIME : 9:45 AM

ORDER NO. : 427385-005

CUSTOMER NO: 87551A

CUSTOMER: Joan V. Dalie, Legal Asst
Lawrence B. Juran, Pa
Suite 100
1200 Corporate Center Way
Wellington, FL 33414

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DOMESTIC FILINGS

NAME: ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS _____

RECEIVED
97 JUN 13 AM 10:42
DIVISION OF CORPORATION