1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

16 JAN 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

2010-2016

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N94000001603

1. Corporation Name

Aberdeen Commercial Center Association, Inc.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 4500 Dorr Street | | 4500 Dorr Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Toledo, OH | | Toledo, OH | |
| Zip | Country | Zip | Country |
| 43615 | United States | 43615 | United States |

4. Date Incorporated or Qualified To Do Business in Florida: January 7, 2009

5. FEI Number: 65-0769175 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for certified copy

7. Name and Address of Current Registered Agent

Name: Healthcare Property Managers of America, LLC

Street Address (P.O. Box Number is Not Acceptable): 661 University Boulevard

Suite, Apt. #, Etc.:

City: Jupiter — State: FL — Zip Code: 33458

100281185301

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: [signature] Date: 01.18.16

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 |
|---|---|---|---|
| Director | Michael A. Noto | 661 University Blvd. - 1000 | Jupiter, FL 33458 |
| Director | Brian Dunlay | 661 University Blvd. - 1000 | Jupiter, FL 33458 |
| President | Michael A. Noto | 661 University Blvd. - 1000 | Jupiter, FL 33458 |
| Secretary/ Treasurer | Brian Dunlay | 661 University Blvd. - 1000 | Jupiter, FL 33458 |
| | | | |
| | | | |

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: [signature] 01.15.16 419-247-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

282

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 960450 7775081

AUTHORIZATION :

COST LIMIT : $ 603.75

---

ORDER DATE : January 15, 2016

ORDER TIME : 10:32 AM

ORDER NO. : 960450-005

CUSTOMER NO: 7775081

---

RECEIVED
16 JAN 19 AM 11:46
SUFFICIENCY of FILING

DOMESTIC FILINGS

NAME: ABERDEEN COMMERCIAL CENTER ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____