

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039600

1. Corporation Name

PALM/JOHNSON MANAGER, INC.

Principal Place of Business

1200 BRICKELL AVENUE
SUITE 1500
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVENUE
SUITE 1500
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
RD	GREENWALD, SCOTT	1320 S. DIXIE HIGHWAY SUITE 781	CORAL GABLES FL 33146
D	BITTEL, STEPHEN	1200 BRICKELL AVENUE SUITE 1500	MIAMI FL 33131
S	MILLER, LISA	1200 Brickell Ave., Suite 1500	MIAMI, FL 33131

800005507778-0
-05/14/02--01017--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

BROWN, GARY L
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

Lisha K. Miller

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

1200 Brickell Ave., S

Suite, Apt. #, Etc.

1500

City

Miami

State

FL

Zip Code

33131

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

Lisha K. Miller **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 4/12/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Lisha K. Miller **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/02 305-358-8700

Daytime Phone #

CR2E040 (8/01)



Via UPS - 2nd Day

April 25, 2002

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: 2002 Uniform Business Reports

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Reports and fees for the following:

<u>Name of Entity</u>	<u>Amount</u>	<u>Check #</u>
Palm Johnson Manager, Inc.	\$900.00	#1862
Ludlum Retail, Inc.	\$150.00	#1276
Flagler Retail, Inc.	\$150.00	#1345
Suniland G.P., Inc.	\$150.00	#2277
Terranova Corporation	\$150.00	#4521
Terranova GB, Inc.	\$150.00	#4521
TC-Northside, Inc.	\$150.00	#4521
Terranova Capital Corp.	\$150.00	#4521
Terranova Pembroke, Inc.	\$150.00	#4521

Please do not hesitate to contact me if you have any questions. Thank you for your prompt attention to this matter.

Sincerely,

Lisha K. Miller
Vice President of Property Administration