

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6384

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: See #10

**CORPORATION REINSTATEMENT  
PENSACOLA REAL ESTATE HOLDINGS III, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

09 NOV 13 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000083372

1. Corporation Name

Pensacola Real Estate Holdings III, Inc.

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

4445 Willard Avenue

Suite, Apt. #, etc.

12th Floor

City & State

Chevy Chase

Zip

Country

MD 20815

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida September 1, 2000

5. FEI Number

59-3667939

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Jeffrey A. Lipson*  
REGISTERED AGENT MUST SIGN

Date

11/13/09

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Jim Picczynski	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Secretary	Simran Bindra	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Treasurer	Jeffrey Lipson	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Asst. Sec.	Pierrette Bradshaw	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Asst. Sec.	Carolyn Silva	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815

10. E-mail Address: csilva@capital source.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 807 or 817, 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 807.0401 or 817.0401, 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:

Jeffrey A. Lipson  
Senior Vice President and Treasurer

11/13/09 (301)  
034-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #