

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000083878

1. Corporation Name

SPACE PLUS @ LAUDERDALE LAKES SHOPPING CENTER, INC.

REINSTATEMENT 03-04

2. Principal Office Address
888 SE 3rd Avenue

3. Mailing Office Address
888 SE 3rd Avenue

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 501

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip
33316

Country
Broward

Zip
33316

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida 09/05/2000

5. FEI Number
65-1043025

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

H. Collins Forman, Jr.

Street Address (P.O. Box Number is Not Acceptable)
1323 SE 3rd Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33316

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

REGISTERED AGENT MUST SIGN

Date 3/17/04

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
P	Murphy, William	888 SE 3rd Ave., Suite 501	Ft. Lauderdale, FL 33316
VP	Berger, Lloyd	888 SE 3rd Ave., Suite 501	Ft. Lauderdale, FL 33316
S/T	Forman, M. Austin	888 SE 3rd Ave., Suite 501	Ft. Lauderdale, FL 33316

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04
Date

(954) 763-8111
Daytime Phone #

CR2ED01 (01/04)