APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 15 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019613

1. Corporation Name

ACP PALM BEACH CORP.

Principal Place of Business	Mailing Address
249 ROYAL PALM WAY SUITE 301 PALM BEACH FL 33480	400 PARK AVENUE NEW YORK NY 10022

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O AMERICAN CONTINENTAL PROPERTIES	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/04/1996 SP

5. FEI Number: 13-0340379 — 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
C	BODINI, DANIELE ~~B~~ D.	C/O ACP, INC. 400 PARK AVE.	NEW YORK NY 10022
P	~~KICRF~~, ROY E KIEVIT	C/O ACP, INC. 400 PARK AVE.	NEW YORK NY 10022
S	~~VIEWER~~, JOHN D VIENER	C/O ACP., INC. 400 PARK AVE.	NEW YORK NY 10022
			000003515020--0
			-12/27/00--01083--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd. Suite, Apt. #, Etc.: City: Plantation — State: FL — Zip Code: 33324

CR2E040 (8/00)

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: Barbara A. Burke SIGNATURE REQUIRED — BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY — Date: 12/12/00

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED — 10/12/00 — (212) 826-9700

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

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