

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT 11 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019613

**1. Corporation Name**

ACP Palm Beach Corp.

**2. Principal Office Address**

Plaza Center

Suite, Apt. #, etc.

249 Royal Palm Way, #301

City & State

Palm Beach, FL

Zip

Country

33480

**3. Mailing Office Address**

A. Casella  
210 American Continental Prop % J.A. Ray

Suite, Apt. #, etc.

400 Park Avenue, 7th Floor

City & State

New York, NY

Zip

Country

10022

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/4/96

**5. FEI Number**

582283514

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 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

Connie Bryan

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Date

10/11/2004

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
C	Daniele D. Bodini	400 Park Avenue, 7th Floor	New York, NY 10022
P	Roy E. Kievit	400 Park Avenue, 7th Floor	New York, NY 10022
S	John D. Viener	<u>620 Fifth</u> <del>400 Park Avenue, 7th Floor</del>	New York, NY 10022

**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

Roy E. Kievit  
**ROY E. KIEVIT, PRESIDENT**

Date

10/28/04

Daytime Phone #