

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 DEC 10 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047595

1. Corporation Name

ASPENWOOD ASSOCIATES GP 1999, INC.

2. Principal Office Address

930 SOUTH OCEAN BLVD.

3. Mailing Office Address

777 S. FLAGLER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 500 EAST - CRIPPEN

City & State

PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33480

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/1999

5. FEI Number

65-0923438

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

VALDES-FAULI CORPORATE SERVICES, INC.

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

777 SOUTH FLAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 500 EAST

City

WEST PALM BEACH

State

FL

Zip Code

33401

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.

Valdes-Fauli Corporate Services, Inc.

Signature of
Registered Agent

By:

REGISTERED AGENT MUST SIGN

Date 12/ 4 /02

CR2E081 (9/01)

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
DPST	GEORGE S. MANN	930 SOUTH OCEAN BLVD.	PALM BEACH, FL 33480

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: By:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/ 9 /02

Date

Daytime Phone #