

Florida Department of State  
Division of Corporations  
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15 DEC -2 AM 10:15  
PALM BEACH, FL 33401

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAD00000023  
Phone : (850) 205-8842  
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: \_\_\_\_\_


**CORPORATION REINSTATEMENT  
PALM BEACH RETAIL CENTER PROPERTY OWNER'S  
ASSOCIATIO**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$236.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>2015</b>					
<b>DOCUMENT #</b> <u>N14000002830</u>					
1. Corporation Name <b>PALM BEACH RETAIL CENTER PROPERTY OWNER'S ASSOCIATION, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>75 PARK PLAZA, 3RD FL</b>			3. Mailing Office Address <b>75 PARK PLAZA, 3RD FL</b>		
State, Apt. #, etc. <b>BOSTON, MA</b>			State, Apt. #, etc. <b>BOSTON, MA</b>		
City & State <b>BOSTON, MA</b>		City & State <b>BOSTON, MA</b>		CR28081 (11/10)  4. Date Incorporated or Qualified To Do Business in Florida <b>MARCH 24, 2014</b> 5. FEI NUMBER <input type="checkbox"/> Applied For <input type="checkbox"/> NOT APPLICABLE  6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
Zip <b>02116</b>	Country <b>USA</b>	Zip <b>02116</b>	Country <b>USA</b>		
7. Name and Address of Current Registered Agent					
Name <b>CT CORPORATION SYSTEM</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>					
State, Apt. #, Etc. <b>PLANTATION</b>					
City <b>PLANTATION</b>	State <b>FL</b>	Zip <b>33324</b>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0603, F.S. Signature of Registered Agent: <u><i>Lisa Shdeed</i></u> <b>Lisa Shdeed, V.P.</b> Date: <u>12/1/15</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P D	KARP, STEPHEN R.	75 PARK PLAZA, 3RD FL		BOSTON, MA 02116	
VP D	FISCHMAN, STEVEN S.	75 PARK PLAZA, 3RD FL		BOSTON, MA 02116	
S T D	KARP, DOUGLASS E.	75 PARK PLAZA, 3RD FL		BOSTON, MA 02116	
10. E-mail Address: _____ (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 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.136, F.S.					
SIGNATURE: <u><i>Lisa Shdeed</i></u>				Date: <u>12/02/2015</u>	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR					