

1022

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 16 JAN 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

2010-2016

DOCUMENT # N940000001603

1. Corporation Name
Aberdeen Commercial Center Association, Inc.

2. Principal Office Address - No P.O. Box # 4500 Dorr Street		3. Mailing Office Address 4500 Dorr Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Toledo, OH		City & State Toledo, OH	
Zip 43615	Country United States	Zip 43615	Country United States

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
January 7, 2009

5. FEI Number 65-0769175	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 (Additional Fee required to a Florida-based state)

7. Name and Address of Current Registered Agent

Name
Healthcare Property Managers of America, LLC

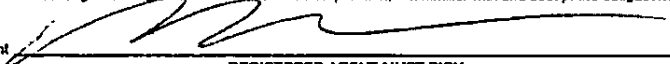
Street Address (P.O. Box Number is Not Acceptable)
661 University Boulevard

Suite, Apt. #, etc.

City Jupiter	State FL	Zip Code 33458
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100281165301

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  Date 01.18.16

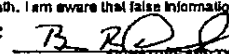
REGISTERED AGENT MUST SIGN

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
Director	Michael A. Noto	661 University Blvd. - 1000	Jupiter, FL 33458
Director	Brian Dunlay	661 University Blvd. - 1000	Jupiter, FL 33458
President	Michael A. Noto	661 University Blvd. - 1000	Jupiter, FL 33458
Secretary/ Treasurer	Brian Dunlay	661 University Blvd. - 1000	Jupiter, FL 33458

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, 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.817.165, F.S.

SIGNATURE:  01.15.16 419-247-2800

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

K. ASHTON

2822

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 960450 7775081
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 603.75

ORDER DATE : January 15, 2016
ORDER TIME : 10:32 AM
ORDER NO. : 960450-005
CUSTOMER NO: 7775081

RECEIVED
16 JAN 19 AM 11:46
SUFFICIENCY OF FILMS

DOMESTIC FILINGS

NAME: ABERDEEN COMMERCIAL CENTER
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____