

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR -6 PM 3:53

DOCUMENT # **607703**

1. Corporation Name
WEST FLORIDA INVESTMENTS, INC.

Principal Place of Business Mailing Address
 C/O CITIBANK C/O CITIBANK LEGAL DEPT.
 500 W. MADISON, 8TH FLOOR 500 W. MADISON, 6TH FLOOR
 CHICAGO IL 60661 CHICAGO IL 60661
 US US



REINSTATEMENT

[Handwritten initials]

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. City & State Zip Country

4. To Do Business in Florida
 01/24/1979
 5. FEI Number **36-3049736**
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDAS	TUCK, LOUISE	500 W MADISON 5TH FLOOR	CHICAGO IL 60661
VP	SAUL, CLARENCE	500 W. MADISON, 5TH FLOOR	CHICAGO IL 60661
D	CSAR, CHRISTOPHER	500 W MADISON 5TH FLOOR	CHICAGO IL 60661
D	STANLEY RUBIN	3851 QUEEN PALM DRIVE	TAMPA FL 33610
S	BRATTON, ANN R	500 W MADISON, 8TH FLOOR	CHICAGO IL 60661
S	REGAN, MICHAEL J.	500 W MADISON, 6TH FLOOR	CHICAGO IL 60661
T	MCCORT, NANCY	500 W MADISON, 6TH FLOOR	CHICAGO FL 60661
T	BURNER, PAUL	1 COURT SQUARE	LONG ISLAND CITY NY 11120
D	JORDAN, ANITA	500 WEST MADISON 5TH FLOOR	CHICAGO IL 60661

8. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **500003164565-3**
 City **FL** State **FL** Zip **33150.00**

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 *[Signature]*
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN
 FRANCIS P. HOON
 Assistant Secretary
 Date **03/09/00** **01/24/99**
 ***750.00 ***750.00

11. I certify that I am an officer or director of 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. REGAN
 Vice President & Senior Counsel
 Citibank, F.S.B.
 500 W. Madison Street
 Chicago, IL 60661-2591
 (312) 627-5245
 I.D. #5433958

CR2E040 (8/99)