

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # F 98000003989
1. Corporation Name
Prosperity Gen-Par, Inc.

2. Principal Office Address 111 E. Wacker Drive Suite, Apt. #, etc. Suite 2400 City & State Chicago, IL Zip 60601		Country USA		3. Mailing Office Address 111 E. Wacker Drive Suite, Apt. #, etc. Suite 2400 City & State Chicago, IL Zip 60601		Country USA	
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-11/01/00--01056--028
****758.75 ****758.75

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*****8.75 *****8.75

4. Date Incorporated or Qualified To Do Business in Florida July 13, 1998

5. FEI Number 75-2767153 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name CT corporation system
Street Address (P.O. Box Number is Not Acceptable)
CD CT corporation system 1200 south pine island road
Suite, Apt. #, Etc.
City plantation, FL
State FL Zip Code 33384

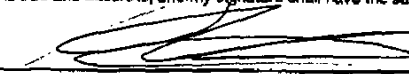
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Jennifer L. Moravia Special Asst. Secy. REGISTERED AGENT MUST SIGN Date 10/24/00

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	Daniel Neidich	85 Broad Street	NY, NY 10004
VAS	Ralph Rosenberga	85 Broad Street	NY, NY 10004
CD	Stuart Rothenberg	85 Broad Street	NY, NY 10004
VPAT	Brian Lahey	10 Hanover Square	NY, NY 10005

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 110.07(3)(f), 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:  Date 10/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stuart M. Rothenberg, Director Daytime Phone #