

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 20 PM 12: 23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N92000000312

1. Corporation Name

CYPRESS POINT HOLDING CORP.

Principal Place of Business

Mailing Address

100 EAST PRATT STREET, SUITE 2030
 BALTIMORE MD 21202

100 EAST PRATT STREET, SUITE 2030
 BALTIMORE MD 21202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

~~40 LASALLE INVESTMENT MGMT, INC~~

Suite, Apt. #, etc.
~~200 E. RANDOLPH DR.~~

City & State
~~CHICAGO IL~~

Zip Country
~~60601 US~~

3. New Mailing Office Address, if Applicable

~~40 LASALLE INVESTMENT MGMT, INC~~

Suite, Apt. #, etc.
~~200 E. RANDOLPH DR.~~

City & State
~~CHICAGO IL~~

Zip Country
~~60601 US~~

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1992

5. FEI Number

59-3153068

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| P | MORRILL, WILLIAM K JR. | 100 EAST PRATT STREET, SUITE 203 | BALTIMORE MD 21202 |
| ST | DUKE, GEORGE W | 100 EAST PRATT STREET, SUITE 203 | BALTIMORE MD 21202 |
| D | GILBERT, PETER M | 30 N. 3RD ST. 5TH FLOOR | HARRISBURG PA |
| D | KALMAN, DAVID J | 30 N. 3RD ST. 5TH FLOOR | HARRISBURG PA |
| D | DONLEVY, FRANCIS J | 30 N. 3RD ST. 5TH FLOOR | HARRISBURG PA |

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
 Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 Suite, Apt. #, Etc. 300003082199--6
 -12/28/99-01071-002
 City Tallahassee State FL Zip Code 32301 25

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

Deborah D. Skipper
 REGISTERED AGENT MUST SIGN

Deborah D. Skipper
 as its agent

Date 11-22-99

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., 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:

George Duke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Dec 99

Date

Daytime Phone #

(410) 347-0665