PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



607703

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

 Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

DOCUMENT #

WEST FLORIDA INVESTMENTS, INC.

| | | | • | | | | | | | |
|---|-----------------------------------|--|----------------------------|---|--------------|--|--|--|-----------------------------|--|
| Principal Place of Business Mailing Add | | | | ress | | | | | | |
| • | | | | ANK LEGAL DEPT. IDISON. 6TH FLOOR IL 60661 | | | | | | |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail | | | | nformation and enter correction below. ing Office Address, If Applicable | | | 4. Do Business in Florida O 100 Houses of Florida | | | |
| Suite, Apt. #, etc. Suite, Apt. | | | | | | | E CEL Numbo | 5. FEI Number Applied For | | |
| City & State City & St | | | | | | | 3. PEI NUMBE | 36-3049736 | Applied For Not Applicable | |
| Zip Country | | Country | Zip | Zip | | Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | |
| 7. Names | and Street Ad | dresses of Each Office | er and/or Director (Flo | rida nonprof | fit corporat | ions must list at lea | ast 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director 3 | | |) - | 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, CI STANLE | 500 W MADISON 5TH FLOOR 3851 QUEEN PALM DRIVE | | | /E | CHICAGO IL 60661 TAMPA FL 33610 | | | | |
| \$ S | BRATTON REGAN, | 500 W MADISON, 8TH FLOOR 500 W MADISON, 6TH FLOOR | | | LOOR | CHICAGO IL 60661 CHICAGI IL 60661 | | | | |
| Ť T | MCCORT, BURNER | 500 W MADISON, 6TH FLOOR 1 COURT SQUARE | | | | CHICAGO FL 60661 LONG ISLAND CITY NY 11120 | | | | |
| D | JORDAN | 500 W | 500 WEST MADISON 5TH FLOOR | | | CHICAGO IL 60661 | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent Name | | | | |
| CT.CORPORATION.SYSTEM | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PLANTATION FL 33324 | | | | | | Suite, Apt. #, Etc. 5000031645653 -03/09/0001106013 | | | | |
| | | | | | | City | | ****15().[\$\$\$\text{te} FL | | |
| | | e registered agent of t | he above named corp | oration, am f | familiar wit | h and accept the o | bligations of Sect | ion 607.0505, F.S. | <i>181</i> 53 | |
| Signature of Registered | of Agent | | | | July W | NKEU | | Dat 03/03/09/49 | (1064-014 | |
| | | Erer | RECHSTEREDAG | ENT MUST | SIGN | | | ※※※※ (50 . UU | ホホ水水(つり。むり | |

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 filling 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 an impact under path

Vice President & Senior Counsel Citibank, F.S.B. 500 W. Madison Street

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT 1. #5433958

Daytime Phone #

Date

FILLEU SCURLIARY OF STATE OF STATE

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