

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 13 PM 3:01

DOCUMENT # F00000002682

1. Corporation Name

1307 South Wabash Building Corporation

2. Principal Office Address - No P.O. Box #
125 North Halsted

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.

City & State
Chicago, IL

City & State

Zip
60661

Country
USA

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

05-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/26/1999

5. FEI Number
363845613

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
James L. Pruden, PA

Street Address (P.O. Box Number is Not Acceptable)
980 North Federal Highway

Suite, Apt. #, Etc.
Suite 404

City
Boca Raton,

State
FL

Zip Code
33432

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James L. Pruden

REGISTERED AGENT MUST SIGN

Date *8/9/2007*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Greg Berkowitz	125 North Halsted, Ste 203	Chicago, IL 60661

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-3-07

*312
876-9300*