

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 25 PM 2:17
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001587**

1. Corporation Name

ProLogis Industrial Properties Incorporated

2. Principal Office Address

445 Broad Hollow Road

Suite, Apt. #, etc.

Suite 239

City & State

Melville, NY

Zip

11747

Country

USA

3. Mailing Office Address

445 Broad Hollow Road

Suite, Apt. #, etc.

Suite 239

City & State

Melville, NY

Zip

11747

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
51-0407523

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

National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable)

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

300055982453
06/05/05-01068-018 \$8.75
300055982453
06/05/05-01068-018 \$8.75

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

[Signature]

Date **5-24-05**

REGISTERED AGENT MUST SIGN

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
Director President	Andrew L. Stidd	445 Broad Hollow Road, Suite 239	Melville, NY 11747
Director VP	Bernard J. Angelo	445 Broad Hollow Road, Suite 239	Melville, NY 11747
Director VP	Kevin P. Burns	445 Broad Hollow Road, Suite 239	Melville, NY 11747

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 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]

Andrew L. Stidd, President

5/17/05

631-587-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (01/05)