

**H04000099933 3**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY -6 AM 7:31

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P01000003712

1. Corporation Name  
 ProLogis Industrial Properties II Incorporated

2. Principal Office Address 445 Broad Hollow Road		3. Mailing Office Address Attn.: Michelle Moezzi 445 Broad Hollow Road	
Suite, Apt. #, etc. Suite 239		Suite, Apt. #, etc. Suite 239	
City & State Melville, NY		City & State Melville, NY	
Zip 11747	Country Suffolk	Zip 11747	Country Suffolk

**REINSTATEMENT**

D3-04

4. Date Incorporated or Qualified To Do Business in Florida 7/13/01

5. FEI Number 51-0410242 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$275 additional fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name  
LexisNexis Document Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 5/4/04  
 REGISTERED AGENT MUST SIGN *[Signature]*

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
Director	Christopher T. Burt	114 West 47th Street, Suite 1715	New York, NY 10036
Director & V/P	Michelle Moezzi	114 West 47th Street, Suite 1715	New York, NY 10036
Director	Tony Wong	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 807 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 807.0401 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]* Michelle Moezzi, Director 5/4/04 212.302.5151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CASE# 11603

517 AD

**H04000099933 3**

Division of Corporations

**Florida Department of State**  
Division of Corporations  
Public Access System

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(((H04000099933 3)))

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY/AZW  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**PROLOGIS INDUSTRIAL PROPERTIES II INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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