

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F93000000300**

1. Corporation Name

DEVELOPERS DIVERSIFIED REALTY CORPORATION

Principal Place of Business

Mailing Address

3300 ENTERPRISE PKWY
 BEACHWOOD OH 44122

3300 ENTERPRISE PKWY
 BEACHWOOD OH 44122

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/22/1993

SP

5. FEI Number

34-1723097

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JACOBSTEIN, DAVID	3300 ENTERPRISE PKWY	BEACHWOOD OH 44122
VD	SCHOFF, JAMES A	3300 ENTERPRISE PKWY	BEACHWOOD OH 44122
S	ADAMS, ALBERT T	3200 NATIONAL CITY CENTER	CLEVELAND OH 44114
VT	SCHAFFER, WILLIAM H	34555 CHAGRIN BLVD.	MORELAND HILLS OH 44022
VS	ALLGOOD, JOAN V	34555 CHAGRIN BLVD.	MORELAND HILLS OH 44022
			200003454582--0 -11/07/00--01018--036 ****350.00 ****350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

200003454582--0

-11/07/00--01018--037

****350.00 ****350.00

FL

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

SIGNATURE
 CONNIE BRYAN
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date 10/31/2000

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.

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****50.00 ****50.00

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2000

Date Daytime Phone #

CR2E040 (8/00)