

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002124

1. Corporation Name
CBNP, INC.

Principal Place of Business

200 NORTH LASALLE ST.
SUITE 2100
CHICAGO IL 60601

Mailing Address

200 NORTH LASALLE ST.
SUITE 2100
CHICAGO IL 60601



REINSTATEMENT 9/6

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/28/1993	
City & State		City & State		5. FEI Number	
Zip		Country		36-3524180	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$875 Additional Fee required for Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	BRANDWEIN, RICHARD E	200 N. LASALLE ST., STE. 2100	CHICAGO IL 60601
DVPS	CAROLLO, THOMAS	2100 A TRADE CENTER WAY	NAPLES FL

7000002045367--91
--01/03/97--01135--008
***375.00 ***375.00

JB 12-31-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CAROLLO, THOMAS C 2100 A TRADE CENTER WAY NAPLES FL 33942		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. 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: Thomas P. Carollo Date: 12-23-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: Richard E. Brandwein Date: 12/23/96 Daytime Phone #: 312-621-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD E. BRANDWEIN

CR22040 (7/96)