

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000000139

1. Corporation Name

KEMPER REALTY CORPORATION

Principal Place of Business

Mailing Address

ONE KEMPER DRIVE
~~LEGAL-03~~
LONG GROVE IL 60049
US

ONE KEMPER DRIVE
~~LEGAL-08~~
LONG GROVE IL 60049
US

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.

~~LEGAL 03~~
LEGAL 13SEC

Suite, Apt. #, etc.

~~LEGAL 08~~
LEGAL 13SEC

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



400025455454

12/12/03--01010--016 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1994

5. FEI Number

59-1942480

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD P	JOSEPHSON, MURAL R HICKEY, WILLIAM A.	ONE KEMPER DRIVE	LONG GROVE IL 60049
D	ANDREWS, STEVEN C	ONE KEMPER DRIVE	LONG GROVE IL 60049
I	FINELLI, MICHAEL JR	1 KEMPER DRIVE	LONG GROVE IL 60049
S	CONWAY, J.K.	1 KEMPER DRIVE	LONG GROVE IL

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2ED40 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

Evelyn Wright

Evelyn Wright/Authorized Rep Date 12/09/03

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

John K. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K. CONWAY
SECRETARY

12-02-03

Date

847-320-3262

Daytime Phone #