

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

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

DOCUMENT # **F94000005794**

1. Corporation Name

**CB 1200 CORPORATE PLACE, INC.**

Principal Place of Business

Mailing Address

**865 S. FIGUEROA STREET  
SUITE 3500  
LOS ANGELES CA 90017-2543**

**865 S. FIGUEROA STREET  
SUITE 3500  
LOS ANGELES CA 90017-2543**

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

**11/09/1994**

5. FEI Number

**95-4507779**

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ZERBST, ROBERT H	<del>865 S. FIGUEROA STREET, SUITE 35</del> 865 S. Figueroa Street, #3500	LOS ANGELES CA 90017
BOVP D	TRACY, SCOTT E	<del>865 S. FIGUEROA STREET, #3500</del> 865 S. Figueroa Street, #3500	LOS ANGELES CA Los Angeles, CA 90017
T	ROMANAK, LAURIE E	<del>865 FIGUEROA STREET, SUITE 3500</del> 865 S. Figueroa Street, #3500	LOS ANGELES CA 90017
SD S	ROTH, HERBERT L	<del>865 S. FIGUEROA STREET, SUITE 35</del> 865 S. Figueroa Street, #3500	LOS ANGELES CA 90017
D	Harris, William M.	865 S. Figueroa Street, #3500	Los Angeles, CA 90017

8. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**500003035805--0**

**-11/05/99--01007--017**

**FL 158.75**

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Herbert L. Roth, Secretary**

**10/27/99**

Date

**(213) 683-4200**

Daytime Phone #