

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">97 MAR 11 AM 11:46</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
<b>DOCUMENT #</b> 1. Corporation Name <div style="text-align: right; margin-right: 20px;">F95000002677 4)</div> <b>COLLEGIATE HOUSING SERVICES, INC.</b>		REINSTATEMENT <span style="font-size: 24px; margin-left: 10px;">96497</span> <span style="font-size: 18px; margin-left: 10px;">mwb</span>					
Principal Place of Business 909 East 38th Street Indianapolis, IN 46205						Mailing Address 909 East 38th Street Indianapolis, IN 46205	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida 06/02/1995 5. FEI Number 35-1828805 Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip				
1	2	3	4				
PCD	David D. Neal	6608 Breckenridge Drive	Indianapolis, IN 46236				
VD	Timothy L. Wade	7352 Oakland Hills Drive	Indianapolis, IN 46236				
S	Barbara A. Walsh	601 South Biltmore Avenue	Indianapolis, IN 46241				
				900002111879-0 -03/12/97-01120-003 ****383.75 ****383.75			
8. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Suite 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 State      Zip Code <div style="text-align: right; margin-right: 20px;">           900002111879-0            -03/12/97-01120-004            ****531.25 ****531.25  <b>FL</b> </div>				
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: <u>John S. Hoenigmann</u> Date: <u>3/5/97</u> John S. Hoenigmann - Asst. Vice President							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Barbara A Walsh</u> 2-2697      317-9202600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #							

CS225040 (12/95)