APPROVED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FLORIDA DI			PARTMENT OF STATE		L IT #D		
FORU		Sandra B. Mortham Secretary of State			1998 JAN 26 PH 4: 06		
REINSTATEMENT VI		DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # F95000002878  1. Corporation Name				TALLAHAS	SEE, FLURIUA		
LA SALLE SABAL PLAZA, INC.						.98	
Principal Place of Business  ADD EAST RANDOLPH DRIVE, SUITE 4322  ADD EAST RANDOLPH DRIVE, SUITE 4322						- 100 A	
CHICAGO, ILLINOIS GODOI CHIC			TE 4322- CA60, ILLINOIS 60601		REINSTA	TEMEN!	
f above addre 2. New Princip	eses are incorrect in any way, line through all Office Address, If Applicable	incorrect information  3. New Mailing /	ncorrect information and enter correction below.  New Mailing Address, If Applicable		4. Date incorporated or C To Do Business in Fig.	Qualified 6/14/95	
Sulte, Apt. #, (	etc.	Sulte, Apt. #, etc.			5. FEI Number	Applied For	
City & State		City & State			36-4020330 Not Applicable		
Zip Country		Zíp	Country 6.		6. CERTIFICATE OF STATUS	DESIRED S8 75 Additional Lee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corpora							
Titie(s)	Name of Office and/or Directo 2	Offic 3 (Do NOT Use	et Address of Each cer and/or Director City/State/Zip e Post Office Box Numbers) 4		14		
PID	DANIEL W. CUMMINGS		200 EAST RANDOLPH DRIVE			CHICAGO, 12 60601	
VD WILLIAM E. SULLIVAR B LYNN C. THURBER		IAN	200 EAST RANDOLPH DR 200 EAST KANDOLPH DR		I DRIVE	CHICAGO, IL 60601	
VIAS ROBERT K. HAGAN			200 EAST RANDOLPH DRIVE			CHICAGO, 12 60601	
VIAS	AS JEANANN DIAB		200 EAST RANDOLPH DRIVE		OH DRIVE	CHICAGO, IL 60601	
Tls	TIS PAUL R. SORENSEN		200 EAST RANDOLPH DRIVE		CHICAGO, IL 60601		
AT	T GERALD F. CARTER		200 EAST RANDOLPH DR		PH DRIVE	CHICAGO, 12 60601	
AS	VIVIAN I. MUMAW 200 EAST			INDOLA	PH DRIVE	CHICABO, 14 60601	
8. Name and Address of Current Registered Ag			ent		Name and Address of New Registered Agent		
C	T CORPORATION	)	Name				
1200 SOUTH PINE ISLAND I			POAD	Street Add	dress (P.O. Box Number		
PLATATION, FLORIDA 3332			<i>t</i>	Suite, Ap	pt. #, Etc01/	28/3801105015	
		City		*900 00 ****900 00   State			
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 Carmia Brugan REGISTERED AGENT MUST SIGN  Date 126/91							
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 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 yilling this reinstatement application that describes the requirements of section 607.0401 or 617.0401, F.S., and that, all fees owed by the corporation have been paid. The information instructed on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.  SIGNATURE:    Continue   Contin							