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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 OCT 11 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

F95

DOCUMENT # F95000004429

1. Corporation Name
CMD REIM II, Inc.

REINSTATEMENT 05

T. Roberts OCT 12 2005

2. Principal Office Address	3. Mailing Office Address
303 W. Madison Street	303 W. Madison Street
Suite, Apt. #, etc. Suite 1900	Suite, Apt. #, etc. Suite 1900
City & State Chicago, Illinois	City & State Chicago, Illinois
Zip 60606 Country USA	Zip 60606 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 09/13/1995

5. FEI Number 364019393 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Cynthia L. Harris as its agent

Signature of Registered Agent: Cynthia L. Harris Date: 10/11/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	William N. Wood Prince	303 W. Madison, Ste. 1900	Chicago, IL 60606
VP/D	Randall M. Highley	303 W. Madison, Ste. 1900	Chicago, IL 60606
S	Sarah A. Richardson	303 W. Madison, Ste. 1900	Chicago, IL 60606
D	Frederick H. Prince	816 Connecticut Ave, NW	Washington, DC 20006

10. 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: Sarah A. Richardson SARAH A RICHARDSON 10/11/05 312 419 9536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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From:
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Account Number : I20000000195
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SAL

CORPORATION REINSTATEMENT

CMD REIM II, INC.

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