

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

wlck



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -5 AM 11:32

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **F95000005523**

1. Corporation Name
ELKOR PROPERTIES, INC.

| | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business 500 WEST MADISON STREET SUITE 2980 CHICAGO IL 60661 | Mailing Address 500 WEST MADISON STREET SUITE 2980 CHICAGO IL 60661 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



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 |

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida
11/13/1995

5. FEI Number **36-3860897**

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 |
| PDT | ELOWE, JEFFREY S | 414 NORTH ORLEANS, SUITE 710 500 West Madison (STE 2980) | CHICAGO IL 60640 60661 |
| VSD | KORZEN, BRADFORD | 9300 WILSHIRE BOULEVARD, SUITE # 610 | BEVERLY HILLS CA 90212 |
| | | | |
| | | | |
| | | | |

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 *****750.00 *****750.00

| | | | | |
|------------------------------------------------------------------------------|--|----------------------------------------------------|--------------------|----------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | Name | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | Suite, Apt. #, Etc. | | |
| | | City | State FL | Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *[Signature]* Date: **10/26/99**

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: *[Signature]* Date: **10/27/99** Daytime Phone #: **(312) 669-1200**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (999)