

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000000044

1. Corporation Name

AMB INDUSTRIAL INCOME FUND, INC.

FILED

99 JAN 25 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
% AMB INSTITUTIONAL REALTY ADVISORS, INC. 505 MONTGOMERY ST., 5TH FL. SAN FRANCISCO CA 94111	% AMB INSTITUTIONAL REALTY ADVISORS, INC. 505 MONTGOMERY ST., 5TH FL. SAN FRANCISCO CA 94111

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 98-99

Not Incorporated or Qualified To Do Business in Florida

01/02/1996

5. FEI Number **94-3198995** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	BURKE, T. ROBERT	505 MONTGOMERY ST., 5TH FL.	SAN FRANCISCO CA 94111
DP	MOGHADAM, HAMID R	505 MONTGOMERY ST., 5TH FL.	SAN FRANCISCO CA 94111
D	EDELSTEIN, ROBERT H	505 MONTGOMERY ST., 5TH FL.	SAN FRANCISCO CA 94111
D	SEDWAY, LYNN M	505 MONTGOMERY ST., 5TH FL.	SAN FRANCISCO CA 94111
D	SHEPHERD, PAUL P	505 MONTGOMERY ST., 5TH FL.	SAN FRANCISCO CA 94111
ST	GARNICHA, S. DAVIS Moghadam, Hamid R	505 MONTGOMERY ST., 5TH FL.	SAN FRANCISCO CA 94111

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

9. Name and Address of New Registered Agent

Name
NRAI Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
 Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 *C. Baclet* **C. Baclet, Vice President** Date **January 22, 1999**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Hamid R. Moghadam* **Hamid R. Moghadam, President** Date **1-18-99** Daytime Phone # **(415)394-9000**

CR2E040 (9/98)