

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000006281

1. Corporation Name

ACQUIPORT DORAL POINTE, INC.

Principal Place of Business

Mailing Address

% THE RREEF FUNDS. 55 E. 52ND ST.
31ST FL.
NEW YORK NY 10055

% THE RREEF FUNDS. 55 E. 52ND ST.
~~31ST FL.~~
~~NEW YORK NY 10055~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/03/1996

5. FEI Number

13-3917563

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
PD	EGAN, GERALD E	875 N MICHIGAN AVE., STE. 4114	CHICAGO IL 60611
VD	KING, JAMES D	875 N. MICHIGAN AVE., STE. 4114	CHICAGO IL 60611
V	CALLAN, PATRICK J	55 E. 52ND ST., 31ST FL.	NEW YORK NY 10055
V	HAMOR, ROBERT H	55 E. 52ND ST., 31ST FL.	NEW YORK NY 10055
V	SOWDEN, WEBB JR.	1201 MAIN ST., STE. 930	DALLAS TX 75202
V	STEPPE, STEPHEN M	650 CALIFORNIA ST., STE. 1800	SAN FRANCISCO CA 94108

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003469377-3

-11/17/00--01100--006

***750 STATE ***750.00

FL

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

James L. Rodriguez Special Asst. Secy.
REGISTERED AGENT MUST SIGN

Date 10/24/00

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:

James L. Rodriguez

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00 518.462.1800

Date

Daytime Phone #

CR2E040 (8/00)