

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra A. Johnson
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED

99 JUL 13 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000273

1. Corporation Name

AMB Industrial Value Added Fund, Inc.

Principal Place of Business

Mailing Address

505 Montgomery St., Fifth Floor
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 0

4. Date Incorporated or Qualified To Do Business in Florida 01/17/97

5. FEI Number

94-3239175

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DC	T. Robert Burke	505 Montgomery St., 5th Fl.	San Francisco, CA 94111
DP	Hamid R. Moghadam	505 Montgomery St., 5th Fl.	San Francisco, CA 94111
ST	David S. Fries	505 Montgomery St., 5th Fl.	San Francisco, CA 94111
			50002932715--7 -07/16/99--01002--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. Park Avenue
Tallahassee, FL 32301

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 607.0505, F.S.

Signature of Registered Agent

C. Baclet
C. Baclet, Vice President

Date 6/30/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99
Date

(415)304-9000
Daytime Phone #

CR2E046 (1/98)