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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000003853					
1. Corporation Name CMD REIM III, Inc.					
2. Principal Office Address 303 W. Madison Street Suite, Apt. #, etc. Suite 1900 City & State Chicago, Illinois Zip 60606		3. Mailing Office Address 303 W. Madison Street Suite, Apt. #, etc. Suite 1900 City & State Chicago, Illinois Zip 60606		4. Date Incorporated or Qualified To Do Business in Florida 07/23/1997	
Country USA		Country USA		5. FEI Number 364116417	
				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 the provisions of sections 607.0505 or 617.0505, F.S.					
Signature of Registered Agent		Cynthia L. Harris as its agent		Date 10/11/05	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	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 taxes 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)(c), 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		Date 10/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 322 479 9500	

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Florida Department of State
Division of Corporations
Public Access System

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From:

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CORPORATION REINSTATEMENT

CMD REIM III, INC.

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