PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -2 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004155

1. Corporation Name

MESIROW STEIN DEVELOPMENT SERVICES, INC.

REINSTATEMENT 02-03

Principal Place of Business	Mailing Address
350 N. CLARK STREET CHICAGO IL 60610	350 N. CLARK STREET CHICAGO IL 60610

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
	Attn: A. Brad Busscher
Suite, Apt. #, etc.	Suite, Apt. #, etc. 321 N. Clark St.
City & State	City & State Chicago, IL
Zip / Country	Zip 60610 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/1997

5. FEI Number: 36-4174734 ☐ 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
TCFO	PASKVAN, KRISTIE P	350 N. CLARK STREET	CHICAGO IL 60610
C	STEIN, RICHARD A	350 N. CLARK STREET	CHICAGO IL 60610
D	HANNENBERG, RUTH C DELETE	350 N. CLARK STREET	CHICAGO IL 60610
S	BUSSCHER, A B	~~350 N. CLARK ST~~ 321 N. Clark St.	CHICAGO IL 60610
D	Price, Richard S.	321 N. Clark St.	Chicago, IL 60610

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 | State: FL | Zip Code

500014318605
06/02/03--01072--025 **600.00

(R2E840 (8/02))

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. or 617.0505, F.S.

500014318605
03/18/03--01040--016 **300.00

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 5/28/03

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 REQUIRED — 1-27-03 — (312) 595-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: A. Brad Busscher — Date — Daytime Phone #