

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

wlck

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 10 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005981

1. Corporation Name

ZINC REAL ESTATE CORP.

Principal Place of Business

500 WEST MADISON ST., STE. 2980
CHICAGO IL 60661

Mailing Address

500 WEST MADISON ST., STE. 2980
CHICAGO IL 60661



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 36-4192380

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DSV	ELOWE, JEFFREY S	500 WEST MADISON ST., STE. 2980	CHICAGO IL 60661
DPT	KORZEN, BRADFORD	9300 WILSHIRE BLVD., STE. 500 610	BEVERLY HILLS CA 90212
AV	BURJEK, EDWARD	500 WEST MADISON ST., STE. 2980	CHICAGO IL 60661

REINSTATEMENT

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-01/14/00--01095--008
***750.00 ***750.00
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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

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

Christopher Harris

REGISTERED AGENT MUST SIGN

Date 10/26/99

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

Christopher Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99 (312) 669-1200
Date Daytime Phone #

CR2E040 (8-99)