

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000006556

1. Corporation Name

BAY WEST VENTURE, INC. OF DELAWARE

Principal Place of Business

900 N. MICHIGAN AVE., STE. 1900  
CHICAGO IL 60611

Mailing Address

900 N. MICHIGAN AVE., STE. 1900  
CHICAGO IL 60611

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1997

5. FEI Number

36-4195374

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V	CAFFARELLI, CRAIG	900 N. MICHIGAN AVE.	CHICAGO IL 60611
EVT	ELRAD, MICHAEL	900 N. MICHIGAN AVE.	CHICAGO IL 60611
EV	GELLER, NORMAN S	9263 N. 113TH WAY	SCOTTSDALE AZ 85259
PD	MALKIN, BARRY A	900 N. MICHIGAN AVE.	CHICAGO IL 60611
S	NEILSEN, PAUL C	900 N. MICHIGAN AVE.	CHICAGO IL 60611
AS	MAHONEY, KAREN M <i>Kimberly Schwartz</i>	900 N. MICHIGAN AVE.	CHICAGO IL 60611

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

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

*James M. Halpin*  
James M. Halpin

REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/7/98

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)(l), 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:

*Kimberly Schwartz*  
Kimberly Schwartz  
Assistant Secretary

12/4/98

Date

(312) 915-1931

Daytime Phone #

FILED

98 DEC 10 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2040 (9/98)