

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

Q2 OCT 29 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000971

1. Corporation Name

Facility Management Inc. of California

2. Principal Office Address

200 W. Madison

3. Mailing Office Address

200 W. Madison

Suite, Apt. #, etc.

41st Floor

Suite, Apt. #, etc.

41st Floor

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60606

Country

USA

Zip

60606

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/1998

5. FEI Number

94-2728840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

800008685988

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cynthia L. Harris

Cynthia L. Harris
as its agent

REGISTERED AGENT MUST SIGN

Date

10/29/02

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
D	Schulze, Richard L.	200 W. Madison	Chicago, IL 60606
PDT	Miller, Scott	200 W. Madison	Chicago, IL 60606
VSD	Handelsman, Harold S.	200 W. Madison	Chicago, IL 60606
V	Rose, Kirk	200 W. Madison	Chicago, IL 60606
V	Shaff, Richard	747 Howard Street	San Francisco, CA 94103

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 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

Kirk Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kirk Rose, Vice President

10/25/02

Date

312-750-1234

Daytime Phone #

CR2E081 (9/01)

js 10/20/02

FACILITY MANAGEMENT INC. OF CALIFORNIA (NEVADA)

Parent: FMG, INC.

Qualified: California, Florida

Purpose: A general partner (9.075% interest) in FMG Partners

*RICHARD L. SCHULZE

*SCOTT MILLER

*HAROLD S. HANDELSMAN

RICHARD H. SHAFF

KIRK ROSE

LINDA LIDICKER

CHRIS MAKI

CHAIR OF BD., PRES., TREAS.

VICE PRESIDENT, SECRETARY

VICE PRESIDENT, GENERAL MANAGER

VICE PRESIDENT

ASSISTANT SECRETARY

ASSISTANT SECRETARY