

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 22 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000003115**

1. Corporation Name

FR Brokerage Services, Inc.

[Handwritten Signature]

2. Principal Office Address 6302 Benjamin Road		3. Mailing Office Address 6302 Benjamin Road	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33634	Country USA	Zip 33634	Country USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 6/02/98	
5. FEI Number 36-4215593	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name First Industrial, L.P.	
Street Address (P.O. Box Number is Not Acceptable) 6302 Benjamin Road	
Suite, Apt. #, Etc. Suite 400	
City Tampa	State FL
Zip Code 33634	

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 9/08/03

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
P/T/D	Johannson Yap	311 S. Wacker Dr., #4000	Chicago, Illinois 60606
S	John Clayton	311 S. Wacker Dr., #4000	Chicago, Illinois 60606
V	Ronald M. Smith	6302 Benjamin Rd., #400	Tampa, Florida 33634
V	Gregory S. Downs	5350 S. Roslyn St., #240	Englewood, Colorado 80111
V	Arne Cook	7615 Golden Triangle Drive	Eden Prairie, MN 55344
V	Mark Aller	16750 Westgrove Dr., #300	Addison, Texas 75001

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald M. Smith

9/08/03

(813) 884-6161

Date

Daytime Phone #

CR2E081 (10/02)