

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:31

DOCUMENT # F99000002579

1. Corporation Name

142ND STREET CORP.

Principal Place of Business

Mailing Address

ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611

ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611



REINSTATEMENT 00

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

05/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4293577

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPT	FOUFAS, PLATO	ONE IBM PLAZA, SUITE 2630	CHICAGO IL 60611
VP	SIDEL, BARRY	ONE IBM PLAZA, SUITE 2630	CHICAGO IL 60611
S	LINDBERG, KIRSTEN Barrow	ONE IBM PLAZA, SUITE 2630	CHICAGO IL 60611

500003457515--4
-11/08/00--01065--019
****750.00 ****750.00

12/11/1

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
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

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

Date 10/17/00

REGISTERED AGENT MUST SIGN

CR2E040 (6/00)

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:

Kirsten Barrow

Kirsten Barrow, Secretary 10/17/00

Date

Daytime Phone #

312-263-3800