

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 OCT 20 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 0099000004535

1. Corporation Name

CMS Grand Apartments, Inc.

2. Principal Office Address

1996 S. Kirk Road, E

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

City & State

Geneva, IL

City & State

Zip

60134

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

9/1/99

5. FEI Number

36-4314983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

CT Corporation system

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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\*\*\*758.75 \*\*\*758.75

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

*Connie Bryan*

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/20/2000

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
PD	Edward A. Carlson	1996 S. Kirk Road, Ste. 320	Geneva, IL 60134
S	Thomas F. Brett, II	161 N. Clark St., Ste. 3100	Chicago, IL 60601

KE

10. I certify that I am an officer or director of 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)(0), 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:

*Thomas F. Brett II*

SECRETARY

Date

10/18/00

Daytime Phone #