

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

REINSTATEMENT 01

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F99000004535

1. Corporation Name

CMS GRAND APARTMENTS, INC.

2. Principal Office Address

1996 S. Kirk Road, Ste.

3. Mailing Office Address

1996 S. Kirk Road

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

Suite 320

City & State

Geneva, IL

City & State

Geneva, IL

Zip

60134

Country

Zip

60134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1999

5. FEI Number

36-4314983

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

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

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

Jeffrey R. Graves
Jeffrey R. Graves
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date

10/18/01

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 North Clark St., Ste. 31	Chicago, IL 60601

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:

Thomas F. Brett II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas F. Brett, II, Secretary

10/18/01
Date

312/977-4879
Daytime Phone #