FILED
May 18, 2005 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE CO

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99 00000 5397

1. Corporation Name
Independence Park Land Inc.

03-05

900054739069
05/18/05--01047--004 **2100.00

2. Principal Office Address	3. Mailing Office Address
c/o JP Morgan Chase Bank	c/o JP Morgan Chase Bank
Suite, Apt. #, etc.: 4925 Independence Parkway, Fl. 1	Suite, Apt. #, etc.: 4925 Independence Parkway, Fl. 1
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33634 Country: USA	Zip: 33634 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: October 21, 1999

5. FEI Number: 13-4080941 ☐ 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: Vincent L. Nuccio, Jr.

Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Boulevard, Suite 3140

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33602

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: [signature] Date: 5/16/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Roy Keller	131 South Dearborn, Floor 3	Chicago, Illinois 60603
VP	Steven Koerner	4925 Independence Parkway, Fl. 1	Tampa, Florida 33634
T	Lloyd Shields	131 South Dearborn, Floor 3	Chicago, Illinois 60603
VP/AS	Ginger Minogue	131 South Dearborn, Floor 3	Chicago, Illinois 60603
AS	Anthony Horan	270 Park Avenue, 35th Floor	New York, NY 10017

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: [signature] STEVEN KOERNER 5/13/05 (813) 881-2682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #