

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 NOV -7 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F99000006757

**1. Corporation Name**

JRC Lakeside, Inc.  
Attention: Leona Lacki

**2. Principal Office Address**

919 N. Michigan Avenue

**3. Mailing Office Address**

same

**Suite, Apt. #, etc.**

Suite 1500

**Suite, Apt. #, etc.**

**City & State**

Chicago, Illinois

**City & State**

**Zip**

60611

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/30/99

**5. FEI Number**

36-4336687

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

**Name**

Corporation Service Company

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

1201 Hays Street

**Suite, Apt. #, Etc.**

**City**

Tallahassee

**State**  
FL

**Zip Code**

32301

**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

11-6-01

REGISTERED AGENT MUST SIGN

**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
	See attached Exhibit A		

**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]*

Andrew V. Agostini

10/23/01

(312) 642-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2033

**EXHIBIT A**

JRC LAKESIDE, INC.

**Officers and Directors**

Address:

c/o Jupiter Realty Corporation  
919 N. Michigan Avenue  
Suite 1500  
Chicago, Illinois 60611

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**NAME**

**OFFICE**

Donald A. Smith	Chairman of the Board
Edward W. Ross	Vice Chairman
Andrew V. Agostini	President and Chief Operating Officer
E. Michael Pompizzi	Executive Vice President and Chief Financial Officer
Jerry J. Ong	Executive Vice President
J. Luzuriaga	Executive Vice President
Madeline A. Sebonia	Vice President of Business Development and Secretary

**DIRECTORS**

Andrew V. Agostini	Director
Donald A. Smith	Director



ACCOUNT NO. : 072100000032

REFERENCE : 331920 7154806

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 908.75

ORDER DATE : November 6, 2001

ORDER TIME : 10:55 AM

ORDER NO. : 331920-010

CUSTOMER NO: 7154806

CUSTOMER: Ms. Leona Lacki  
Ira A. Kipnis  
919 North Michigan Avenue  
Suite 1500  
Chicago, IL 60611

RECEIVED  
01 NOV -7 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: JRC LAKESIDE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156  
EXAMINER'S INITIALS \_\_\_\_\_

3053