

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2013



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** G03499

1. Corporation Name

Intervest Southern Real Estate Corporation

2. Principal Office Address - No P.O. Box #

2901 Butterfield Road

3. Mailing Office Address

2901 Butterfield Road

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Oak Brook, Illinois

City & State

Oak Brook, Illinois

Zip

Country

Zip

Country

60523

60523

7. Name and Address of Current Registered Agent

Name

C T 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

*Connie Bryan*

Connie Bryan

REGISTERED AGENT MUST SIGN

Assistant Secretary

Date

12/10/2013

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
Director	Brenda G. Gujral	2901 Butterfield Road	Oak Brook, Illinois 60523
Director	Catherine L. Lynch	2901 Butterfield Road	Oak Brook, Illinois 60523
Director	Roberta S. Matlin	2901 Butterfield Road	Oak Brook, Illinois 60523
President	Roberta S. Matlin	2901 Butterfield Road	Oak Brook, Illinois 60523
Secretary	Catherine L. Lynch	2901 Butterfield Road	Oak Brook, Illinois 60523
VP	Guadalupe Griffin & Ulana B. Horalewskyj	2901 Butterfield Road	Oak Brook, Illinois 60523

10. E-mail Address: newell@inlandgroup.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

*Catherine L. Lynch*

Catherine L. Lynch, Secretary 12/9/13

(630) 218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR and Treasurer

Date

Daytime Phone #

FILED

13 DEC 10 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
10/07/1982

5. FEI Number

59-2230516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

200254600882  
12/10/13--01003--019 \*\*750.00