

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATION

FILED

03 DEC 15 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G11193**

1. Corporation Name

**FIRST PADDLE CREEK, INC.**

Principal Place of Business

C/O CITIBANK  
500 W. MADISON ST.  
CHICAGO IL 60661

Mailing Address

C/O CITIBANK LEGAL DEPT.  
500 W. MADISON, 8TH FLOOR  
CHICAGO IL 60661

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1982

5. FEI Number

36-3240489

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BURNER, PAUL	1 COURT SQUARE	LONG ISLAND CITY NY 11120
D	RUBIN, STANLEY	3851 QUEEN PALM DRIVE	TAMPA FL 33610
VPAS	SAUL, CLARENCE B	500 N MADISON ST 5TH FL 500 W. Madison St. 5th FL	CHICAGO IL 60661
VPD	REGAN, MICHAEL J	500 W. MADISON, 6TH FLOOR 7th Floor	CHICAGO IL 60661
D	JORDAN, ANITA	500 MADISON, 5TH FLOOR 500 W. Madison, 5th Floor	CHICAGO IL 60661

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

800024380368

11/03/03-01062-020-\*\*\*750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Jeffrey R. Graves  
Assistant Secretary

Date

REGISTERED AGENT MUST SIGN

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. REGAN  
500 West Madison Street  
Chicago, Illinois 60661  
IL29/6th Fl./Legal Dept.  
(312) 627-5245  
P 5433958

Date

Daytime Phone #

CR2040 (7/03)