, PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:			
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILE
DOCUMENT # H24877  1 Corporation Name			96 DEC 31 AN 10: 41  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Beach Cottages Holdings #2, Inc.  c/o Citibank Legal Dept. 500 W. Madison St., 8th Floor, Chicago, IL 60661  Principal Place of Business Mailing Address			-SAMASSEE, FLORIDA
c/o Citibank Legal Dept 500 W. Madison St., 8th Chicago, IL 60661	c/o Citiba Floor 500 W. Mad Chicago, I	ison St.	ept
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable.  3. New Mailing Address, If Applicable.			DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified
Suite, Apt #, etc. Suite, Apt #, etc.			To Do Business in Florida 10/10/1984  5. FEI Number
City & State City & State			36-3326555 Not Applicable
Zip Country	Zip Count	Ŋ	6. CERTIFICATE OF STATUS DESIRED X 50.75. Additional Fass (could be considered as a considered by considering by conside
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  [(itle(s)   Name of Officers and/or Directors   Street Address of Each Officer and/or Director   3 (Do NOT Use Post Office Box Numbers)   4   City / State / Zip    1			
• (See attached list o	of Officers and Dir	ectors)	9000020538493
			-01/10/9701047018 *****575.00 *****575.00
	Su-su ya	STATE	WENT <u>95-94</u>
			nt
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent
C T Corporation System 1200 S. Pine Island Rd. Plantation FL 33324		Street Address (F Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable) 900020538493 8-01710/9701647-019 9***********************************
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.			
Signature of Registered Agent Date 12-31-56  REGISTERED AGENT MUST SIGN  Consider Briggs Spread Assistance Street			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No xx (See other side for information on intangible tax.)			
12 I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exampt from public access. I cartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further cartify 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 less owed by the corporation have been paid. 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: And Bratton Assistant Secretary (312)627-3718 SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 9  How R. B. fa How			

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## STATE OF FLORIDA APPLICATION FOR REINSTATEMENT

## BEACH COTTAGES HOLDINGS #2, INC. **Document # H24877**

## Officers and Directors

Title Name

Csar, Christopher F. 500 W. Madison St., 5th Floor Address

City, ST, Zip Chicago, IL 60661

D/P Title

Name Tuck, Louise E.

500 W. Madison St., 5th Floor **Address** 

Chicago, IL 60661 City, ST, Zip

D/T Title

McCort, Nancy A. Name

500 W. Madison St., 20th Floor **Address** 

Chicago, IL 60661 City, ST, Zip

Title

Name Lock, Dale

1 Sansome St. 27th Floor Address San Francisco, CA 94104 City, ST, Zip

Title AS

Name Bratton, Ann R.

500 W. Madison St., 8th Floor **Address** 

Chicago, IL 60661 City, ST, Zip