

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

10fz

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 NOV 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000020

1. Limited Liability Company's Name

JRC Lakeside Property (O'Hare), LLC
c/o Jupiter Realty Corporation

2. Principal Office Address

919 N. Michigan Ave.

Suite, Apt. #, etc.

Suite 1500

City & State

Chicago, Illinois

Zip

60611

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

12/30/99

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1201

8. 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent Deborah D. Skipper

Deborah D. Skipper
Asst. Secretary

Date 11-14-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JRC Lakeside, Inc.	919 N. Michigan Ave., #1500	Chicago, IL 60611

800004679038-4

11-14-01

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

JRC Lakeside, Inc.

Signature of
Managing Member/Manager By: Andrew V. Agostini Date 10/19/01 Daytime Phone # (312) 642-6000

Typed or printed name of signing Managing Member/Manager Andrew V. Agostini, President of JRC Lakeside, Inc.



20f2

ACCOUNT NO. : 072100000032
REFERENCE : 407287 4392457
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 150.00

ORDER DATE : November 13, 2001

ORDER TIME : 11:48 AM

ORDER NO. : 407287-050

CUSTOMER NO: 4392457

CUSTOMER: Ms. Leona Lacki,
Jupiter Realty Corporation
919 North Michigan Avenue
Suite 1500
Chicago, IL 60611

RECEIVED
01 NOV 14 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: JRC LAKESIDE PROPERTY
(O'HARE), LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____