

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 20 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000312

1. Corporation Name

CYPRESS POINT HOLDING CORP.

Principal Place of Business

100 EAST PRATT STREET, SUITE 2030  
BALTIMORE MD 21202

Mailing Address

100 EAST PRATT STREET, SUITE 2030  
BALTIMORE MD 21202

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

2. New Principal Office Address, if Applicable

60 LASALLE INVESTMENT MGMT, INC

Suite, Apt. #, etc.

200 E. RANDOLPH DR.

City & State

CHICAGO IL

Zip 60601

Country US

3. New Mailing Office Address, if Applicable

60 LASALLE INVESTMENT MGMT, INC

Suite, Apt. #, etc.

200 E. RANDOLPH DR.

City & State

CHICAGO IL

Zip 60601

Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1992

5. FEI Number

59-3153068

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MORRILL, WILLIAM K JR.	100 EAST PRATT STREET, SUITE 203	BALTIMORE MD 21202
ST	DUKE, GEORGE W	100 EAST PRATT STREET, SUITE 203	BALTIMORE MD 21202
D	GILBERT, PETER M	30 N. 3RD ST. 5TH FLOOR	HARRISBURG PA
D	KALMAN, DAVID J	30 N. 3RD ST. 5TH FLOOR	HARRISBURG PA
D	DONLEVY, FRANCIS J	30 N. 3RD ST. 5TH FLOOR	HARRISBURG PA
			LS

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

900003082199--6

City

Tallahassee

State

FL

12/28/99-01071-002

\*\*\*236 FL \*\*\*32301 25

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

Deborah D. Skipper  
as its agent  
REGISTERED AGENT MUST SIGN

Date 11-22-99

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:

GEORGE DUKE  
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

(407) 347-0665

14 Dec 99