

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ADMITTED AND FILED

00 MAY -2 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N98060004287

1. Corporation Name
MWH Corporation #12
c/o Lend Lease Real Estate Investments, Inc.
3424 Peachtree Road, NE, Suite 800
Atlanta, GA 30326

2. Principal Office Address
3424 Peachtree Rd., NE
Suite, Apt. #, etc.
Suite 800
City & State
Atlanta, GA
Zip
30326
Country
USA

3. Mailing Office Address
3424 Peachtree Rd., NE
Suite, Apt. #, etc.
Suite 800
City & State
Atlanta, GA
Zip
30326
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 07/23/98

5. FEI Number 58-2404598
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT 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

REINSTATEMENT 07-00
[Signature]

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 Mary R. Adams **MARY R. ADAMS**
REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

Date 5-1-00

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
VPAS Pres	Debbie S. Newmark Laler C. DeCosta	3424 Peachtree Rd., NE #800 3424 Peachtree Rd., NE #800	Atlanta, GA 30326 Atlanta, GA 30326
Treas	Renee T. Bergeron	"	"
Sec	Thomas A. McKean	"	300003261673--9 -05/22/00--01029--004 ****297.50 ****297.50
Dir	Jerrold Barag	"	"
Dir	Laler C. DeCosta	"	"
Dir	Amber B. Degnan	"	"

10. 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: Debbie J. Newmark **Debbie J. Newmark** 04/26/00 404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)