

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ADDED
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 # N98000004287

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

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

ASSISTANT SECRETARY

Date

5-1-00

REGISTERED AGENT MUST SIGN

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	"	"
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 #

CH2E081 (9/99)