

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 19 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P09231**

1. Corporation Name

**MESIROW REAL ESTATE INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

350 N. CLARK  
2ND FL J MART  
CHICAGO IL 60610-1796  
US

350 N. CLARK  
2ND FL JMART  
CHICAGO IL 60610-1796  
US

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

900025069639  
11/26/03--01040--010 \*\*750.00



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

36-2945262

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
M	LEVIN, GERALD J.	<del>321</del> 350 N. CLARK	CHICAGO IL 60610
MAS	COHEN, GARRY W.	<del>321</del> 350 N. CLARK	CHICAGO IL 60610
<del>D</del>	<del>PRICE, RICHARD S.</del>	<del>321 N. CLARK</del>	<del>CHICAGO IL 60610</del>
<del>SDM</del>	<del>HANNENBERG, RUTH C</del>	<del>350 N. CLARK</del>	<del>CHICAGO IL</del>
TCFO	PASKVAN, KRISTIE P	<del>321</del> 350 N CLARK ST	CHICAGO IL 60610
CD	TYREE, JAMES C	350 NORTH CLARK STREET	CHICAGO IL 60610
SMD	BUSSCHER, A B	<del>321</del> 350 N CLARK ST	CHICAGO IL 60610

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Cornelia Bryan*

Date 11-19-03

REGISTERED AGENT MUST SIGN

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:

*Cornelia Bryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03

Date

(312) 595-6000

Daytime Phone #

CR2E040 (7/03)