

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -2 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27049

1. Corporation Name

DE WINDT CORPORATION

Principal Place of Business

1130 S. WABASH
CHICAGO IL 60605

Mailing Address

1130 S. WABASH
CHICAGO IL 60605



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1989

5. FEI Number

36-3319437

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	ROGERS, GEOFFREY	1130 S. WABASH, SUITE 500	CHICAGO IL
TD	O'SHAUGHNESSY, TERENCE	46 BRIDLEWOOD LANE	NORTHBROOK IL
S	SIDNIS, JAMES Rogers, Caroline	1130 S. WABASH	CHICAGO IL

300002331788-- 2
01/05/98--01106--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

* HERMELEE, BRUCE
HERMELEE, COWART & MINKIN
801 BRICKELL AVE.
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
HERMELEE, BRUCE G.
Street Address (P.O. Box Number is Not Acceptable)
HERMELEE & STIEGLITZ
Suite, Apt. #, Etc.
200 S. BISCAYNE BLVD. STE. 4920
City
MIAMI
State
FL
Zip Code
33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97
Date

(312) 663-6600
Daytime Phone #

CR2E040 (8/97)