

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 17 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**P38013**  
PRM Realty Corporation  
150 N. Wacker Drive, Ste 1800  
Chicago, Illinois 60606

1. Corporation Name

Principal Place of Business

Mailing Address

150 N. Wacker Drive  
Suite 1800  
Chicago, Illinois 60606

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

5. FEI Number

36-3809138

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

98-00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Peter R. Morris	150 No. Wacker Dr. Ste 1800	Chicago, IL 60606
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company--  
1201 Hays Street  
Tallahassee, FL 32301

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.

Signature of  
Registered Agent

**BRIAN COURTNEY, ASST. VP.**

REGISTERED AGENT MUST SIGN

Date 3/16/00

11. This corporation owes 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, F.S., and 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:

Peter R. Morris

3/16/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)

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ACCOUNT NO. : 072100000032

REFERENCE : 627767 7198642

AUTHORIZATION :

*Patricia Pizute*

COST LIMIT : \$ 1050.00

ORDER DATE : March 16, 2000

ORDER TIME : 4:42 PM

ORDER NO. : 627767-005

CUSTOMER NO: 7198642

CUSTOMER: Ms. Annette Butler  
DENISON & ASSOCS, PC  
DENISON & ASSOCS, PC  
Suite 3335  
875 N. Michigan Ave.  
Chicago, IL 60611

DOMESTIC FILING

NAME: ~~RPM~~ *RPM* REALTY CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

RECEIVED  
00 MAR 17 AM 8:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA