

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 22 PM 12:55

DOCUMENT # **P94000079034**

1. Corporation Name
PRISAREIT, INC.

800004672458--1
 -11/08/01--01046--018
 ****758.75 ****758.75

Principal Place of Business	Mailing Address
C/O PRUDENTIAL REAL ESTATE INVESTORS 8 CAMPUS DRIVE PARSIPPANY NJ 07054 US	C/O PRUDENTIAL REAL ESTATE INVESTORS 8 CAMPUS DRIVE PARSIPPANY NJ 07054 US



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	10/27/1994
5. FEI Number	65-0534345
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	City / State / Zip
D/P	DAVID BRADFORD	8 CAMPUS DR	PARSIPPANY NJ 07054
D/V	CHARLES MILLER	2 RAVINIA DR ST 1400	ATLANTA GA 30346
DX	STEVENS JOHN	2 RAVINIA DR ST 1400	ATLANTA GA 30346
O	EDWIN BERRIOS	8 CAMPUS DR	PARSIPPANY NJ 07054
D/V	Thomas G. Smith	2 Ravinia Drive, Suite 1400	Atlanta, GA 30346
D/T	J. Allen Smith	8 Campus Drive	Parsippany, NJ 07054

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: BEHREND Date: 10/19/01

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: SIGNATURE REQUIRED Gregory D. Shanklin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 16, 2001 (973) 734-1495
 Date Daytime Phone #

CR2E040 (8/01)

ADDITIONAL OFFICERS

Secretary Gregory D. Shanklin 8 Campus Drive Parsippany, NJ 07054