

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000044771

1. Corporation Name

FLA I TRUSTEE, INC.

Principal Place of Business

2500 TENNYSON
HIGHLAND PARK IL 60035

Mailing Address

2500 TENNYSON
HIGHLAND PARK IL 60035

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Shaw Gussis

Suite, Apt. #, etc.

1144 W. Fulton #200

City & State

Chicago, IL

Zip

Country

60607

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1998

5. FEI Number

36-4228690

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	POLLACK, GERALD L	2500 TENNYSON	HIGHLAND PARK IL 60035
VPS	SCHMIDT, THEODORE J	111 W WASHINGTON ST STE 1300	CHICAGO IL 60602
ASS. SEC	Gussis, Randy S.	1144 W. Fulton #200	Chicago, IL 60607

200003488302--3
-12/05/00--01109--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY RD
TALLAHASSEE FL 32311

9. Name and Address of New 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

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 REQUIRED
JAMES M. HARRIS
REGISTERED AGENT MUST SIGN ASST. SECY.

Date 11/27/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
RANDY S. GUSSIS ASST. SECY 11/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (202) 541-0811