

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC -7 PM 4:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S96995**

1. Corporation Name
PRELUDE CHARTERS, INC.

Principal Place of Business	Mailing Address
C/O MANUEL CUADRADO 200 S. BISCAYNE BLVD., <i>Suite 800</i> MIAMI FL 33131	C/O JOHN W DUBBS III 222 N LASALLE ST., <i>SUITE 300</i> CHICAGO IL 60601-1081 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. 300 S. Biscayne Blvd., #800 City & State	Suite, Apt. #, etc. 222 N. LaSalle St., #300 City & State
Zip Country	Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	11/27/1991 SP
5. FEI Number	Applied For
36-3817874	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$0.75 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
PSTD	TANK, DEANE H.	340 WEST BARRY	CHICAGO IL 60657
			100003509301--1 -12/20/00--01083--013 ****600.00 ****600.00
			100003509301--1 -12/20/00--01083--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CUADRADO, MANUEL 200 SOUTH BISCAYNE BLVD. STE 3500 <i>800</i> MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd., Suite 800 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 *Manuel Cuadrado* **SIGNATURE REQUIRED** Date **11/27/00**
 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: *Deane H. Tank* **DEANE H. TANK,** **11-14-00** 773-929-6909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E040 (9/00)