

NO. 263 P. 2923 3  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 MAY -6 AM 7:31

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F01000004638

1. Corporation Name  
 ProLogis Industrial Properties III Incorporated

2. Principal Office Address 445 Broad Hollow Road Suite, Apt. #, etc. Suite 239 City & State Melville, NY Zip 11747		Country Suffolk		3. Mailing Office Address Attn.: Michelle Moezzi 445 Broad Hollow Road Suite, Apt. #, etc. Suite 239 City & State Melville, NY Zip 11747		Country Suffolk	
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**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida 8/31/01		Applied For Not Applicable	
5. FEI Number E1-0412173			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name LexisNexis Document Solutions Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: 5/4/04  
 REGISTERED AGENT MUST SIGN: *[Signature]* M. MOZZI

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Director	Christopher T. Burt	114 West 47th Street, Suite 1715	New York, NY 10036
Director	Tony Wong	445 Broad Hollow Road, Suite 239	Melville, NY 11747
Director & V/P	Michelle Moezzi	114 West 47th Street, Suite 1715	New York, NY 10036

10. 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)(f), 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]* Michelle Moezzi, Director Date: 5/4/04 212.302.5151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

5/7 AD

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY /AZW  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

PROLOGIS INDUSTRIAL PROPERTIES III INCORPORATED

Certificate of Status	0
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