

L05000070681

Florida Department of State
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**LIMITED LIABILITY REINSTATEMENT
CLARIDGE HOMES LAUDERDALE BY THE SEA, LLC**

Certificate of Status	0
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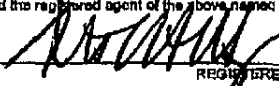
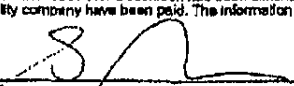
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SECRETARY OF STATE
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000070681					
1. Limited Liability Company's Name Claridge Homes Lauderdale By The Sea, LLC					
2. Principal Office Address - No P.O. Box # 201 S. Biscayne Blvd.			3. Mailing Office Address 201 S. Biscayne Blvd.		
Suite, Apt. #, etc. Suite 800			Suite, Apt. #, etc. Suite 800		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33131	Country USA	Zip 33131	Country USA		
4. State/Country of Formation Florida					
5. Date Organized or Qualified To Do Business in Florida 07/19/2005					
6. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Addtional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name Law Center of the Americas, LLC					
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard					
Suite, Apt. #, Etc. Suite 800					
City Miami				State FL	Zip Code 33131
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.					
Signature of Registered Agent 		Name Steven H. Hagen, VP		Date Feb 23, 2010	
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City/State/Zip	
mgrp	Subhash Malhotra	201 S. Biscayne Blvd., #800		Miami, Florida 33131	
mgrv	Shawn Malhotra	201 S. Biscayne Blvd., #800		Miami, Florida 33131	
mgrv	Neil Malhotra	201 S. Biscayne Blvd., #800		Miami, Florida 33131	
REINSTATEMENT					
09, 10					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager 		Date Feb 23/10		Daytime Phone# 954 701 8222	
Typed or printed name of signing Managing Member/Manager					

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