

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherin  Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000006894

1. Limited Liability Company's Name

THE PAPPAS BEACH HOUSE, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

116 OAK ST

Suite, Apt. #, etc.

3. Mailing Office Address

116 OAK ST

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

NOV 1, 1999

6. FEI Number

22-3685489

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

City & State

TENAFLY, NJ

City & State

TENAFLY, NJ

Zip

07670

Country

Zip

07670

Country

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

400003491734-0

-12/08/00--01045--028

****150.00 ****150.00

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature] Brian Conner, Asst. V.P.

REGISTERED AGENT MUST SIGN

Date 12-4-2000

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>PAPPAS, JOHN G.</u>	<u>116 OAK STREET</u>	<u>TENAFLY, NJ 07670</u>
<u>MEMBER</u>	<u>PAPPAS, STELLA</u>	<u>116 OAK STREET</u>	<u>TENAFLY, NJ 07676</u>
<u>MEMBER</u>	<u>PAPPAS, GREGORY G.</u>	<u>116 OAK STREET</u>	<u>TENAFLY, NJ 07670</u>
<u>MEMBER</u>	<u>PAPPAS, JASON G.</u>	<u>116 OAK STREET</u>	<u>TENAFLY, NJ 07670</u>
<u>MEMBER</u>	<u>PAPPAS, DIANA A.</u>	<u>116 OAK STREET</u>	<u>TENAFLY, NJ 07670</u>
			<u>07670</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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

[Signature]

Date 11/2/2000

Daytime Phone # 201-568-3897

Typed or printed name of Managing Member/Manager

JOHN G. PAPPAS

CR2E041 (9/99)