

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

149900002064

FILED

1. DOCUMENT # M99000002066

03 DEC -1 AM 10:20

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012200 01 AT 0.292 **AUTO T5 0 0615 33432-777058

KAHN MANAGEMENT, LLC
1200 SOUTH OCEAN BOULEVARD, APT. 15H
BOCA RATON FL 33432-7770



2. New Mailing Address c/o S. KAHN, WEIL GOTSHAL, 767 FIFTH AVE.		4. State/Country of Formation DE	
City, State, Zip NEW YORK, N.Y. 10153		5. Date Organized or Qualified To Do Business in Florida 12/23/1999	
Principal Place of Business 1200 SOUTH OCEAN BOULEVARD, APT. 15H BOCA RATON FL 33432		3. New Principal Place of Business c/o S. KAHN, WEIL GOTSHAL 767 FIFTH AVE.	
City, State, Zip NEW YORK, NY, 10153		6. FEI Number 65-0968958	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100024207920 10/28/03--01056--006 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability corporation, do hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent PETER F. SOUZA 11/24/03
ASSISTANT SECRETARY
Date
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KAHN, ROBERT G.	1200 S. OCEAN BLVD., APT 15H	BOCA RATON FL 33432
MGRM	KAHN, STEPHEN D.	c/o WEIL GOTSHAL, 767 FIFTH AVE.	NEW YORK, NY, 10153

REINSTATEMENT 2003
12/9/03

12. 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 STEPHEN D. KAHN 10/23/03 Date 212 310-8820 Daytime Phone #

Typed or printed name of signing Managing Member/Manager STEPHEN D. KAHN