

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
OF
STATEMENT
OF THE STATE
GENERAL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000034016

Name and Mailing Address

0000952 01 AV 0.278 **AUTO H5 0 0615 33431-857141



ACM MCCOY ROAD LLC
C/O ARBOR COMMERCIAL MORTGAGE
2255 GLADES ROAD, STE. 324A
BOCA RATON FL 33431-8571

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 PM 2:11

900025531309
12/16/03--01055--002 **155.00



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Quanted To Do Business in Florida 12/18/2002	
Principal Place of Business C/O ARBOR COMMERCIAL MORTGAGE 2255 GLADES ROAD, STE. 324A BOCA RATON FL 33431	3. New Principal Place of Business Address GAGE City, State, Zip	6. FEI Number 11-3246656	Applied For Not Applicable
8. Name and Address of Current Registered Agent LICWINKO, TONY C/O ARBOR COMMERCIAL MORTGAGE 2255 GLADES ROAD, STE. 324A BOCA RATON FL 33431		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
10. 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 REQUIRED REGISTERED AGENT MUST SIGN Date 11/26/03			
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	Daniel Palmer	c/o Arbor Commercial Mortgage 333 Earle Ovington Blvd. Suite 900	Uniondale, NY 11553
REINSTATEMENT 2003			
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

SIGNATURE REQUIRED

Date 12/2/03

Daytime Phone # 516-832-8002

Typed or printed name of signing Managing Member/Manager