

M01000001379

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 SEP 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000001379

1. Limited Liability Company's Name
B.E. Residential Bank LLC

Handwritten initials

600059963056

2. Principal Office Address
825 Third Avenue
Suite, Apt. #, etc.
36th Floor
City & State
New York, New York
Zip Country
10022 USA

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
13-417590
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED SCS Fee must be paid

8. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Bays Street
Suite, Apt. #, Etc.
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 606, F.S.

Signature of Registered Agent Laura R. Dunlap Date 9/26/05
REGISTERED AGENT MUST SIGN as its agent

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
Man. Mem.	The Praedium Performance Fund IV, L.P.	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2005
Handwritten initials

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 Jeffrey Hertz Date 9/26/05 Daytime Phone # 212 224 5639
Typed or printed name of signing Managing Member/Manager Jeffrey Hertz, V.P. of Gen. Part. of Managing Member

CR6001 (10/03)



CORPORATION SERVICE COMPANY

M01000001379

ACCOUNT NO. : 072100000032

LIST REFERENCE : 617395 4348715

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 155.00

ORDER DATE : September 26, 2005

ORDER TIME : 3:0 PM

ORDER NO. : 617395-015

CUSTOMER NO: 4348715

CUSTOMER: Wayne M. Lopkin, Esq.
Wayne M. Lopkin Llc
Suite 1007
52 Vanderbilt Avenue
New York, NY 10017

NK

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TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: S.E. RESIDENTIAL EAST LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

RECEIVED
05 SEP 26 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA