

L04000065728

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 MAY 26 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

DOCUMENT # L04000065728

1. Limited Liability Company's Name  
Kahn Lincoln Palms, LLC

2. Principal Office Address  
381 Park Avenue South  
Suite, Apt. #, etc.  
Suite 1420  
City & State  
New York, NY  
Zip  
10016

3. Mailing Office Address  
381 Park Avenue South  
Suite, Apt. #, etc.  
Suite 1420  
City & State  
New York, NY  
Zip  
10016

Country  
United States

05 BK

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name  
FX Management, Inc. 800075891838

Street Address (P.O. Box Number is Not Acceptable)  
407 Lincoln Road, Suite #6G 06/06/06 01047-005 \*\*205.00

Suite, Apt. #, Etc.

City  
Miami Beach

State  
FL

Zip Code  
33139

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 *[Signature]* Date 5/25/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Margules, Eric	381 Park Avenue South Suite 1420	New York, NY 10016
MGR	HOF-South Beach LLC	381 Park Avenue South Suite 428	New York, NY 10016

REINSTATEMENT 2005-2006

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's 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 Eric Margules Date 5/25/06 Daytime Phone # 212 206 6011

Typed or printed name of signing Managing Member/Manager ERIC MARGULES