APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 25 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 ****900.00

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******5.00 ******5.00

DOCUMENT # F00000005133

1. Corporation Name
BCM/CHI Eden Roc Tenant Inc.

REINSTATEMENT 2nd 2002

2. Principal Office Address		**3.** Mailing Office Address	
c/o Blackacre Capital Management LL		c/o Blackacre Capital Management LLC	
Suite, Apt #, etc.: 450 Park Avenue		Suite, Apt. #, etc.: 450 Park Avenue	
City & State: New York	NY	City & State: New York	NY
Zip: 10022	Country: USA	Zip: 10022	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: September 13, 2000

5. FEI Number: 52-226-3261 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

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-10/03/02--01017--030
******3.75 ******3.75

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY Date: 9/23/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT & DIRECTOR	Ron Kravit	450 Park Ave.	New York, NY 10022
V.P. & DIRECTOR	Jeffrey B. Citrin	450 Park Ave.	New York, NY 10022
TREASURER	Ron Kravit	450 Park Ave.	New York, NY 10022
SECRETARY	Jeffrey B. Citrin	450 Park Ave.	New York, NY 10022
Director	Mark A. Ferrucci	450 Park Ave.	New York, NY 10022

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 61 T, F.S. I further certify* that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ RON KRAVIT 9/20/02 978.717.7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

BCM/CHI Eden Roc Tenant, Inc.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (x) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(x) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/24/02

Order#: 5599725

Ref#: _____

Amount: $_____

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DIVISION OF CORPORATION

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615