

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **F-0000005133**

1. Corporation Name

BCM/CHI Eden Roc Tenant, Inc

03 OCT 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

c/o Blackacre Capital Mgt, LLC

3. Mailing Office Address

c/o Blackacre Capital Mgt, LLC

Suite, Apt. #, etc.

299 Park Avenue Floor 21-23

Suite, Apt. #, etc.

299 Park Avenue Floor 21-23

City & State

New York, NY

City & State

New York, NY

Zip

10171

Country

USA

Zip

10171

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 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

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

CT Corp System

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 617.0503, F.S.

Signature of
Registered Agent

James A. Bordonaro
Assistant Secretary

Date

10/8/03

REGISTERED AGENT MUST SIGN

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	Ron Kravit	299 Park Avenue	New York, NY 10171
VP	Jeffrey B. Citrin	299 Park Avenue	New York, NY 10171
Treasurer	Ron Kravit	299 Park Avenue	New York, NY 10171
Secretary	Jeffrey B. Citrin	299 Park Avenue	New York, NY 10171
Director	Kenneth J. Uva	299 Park Avenue	New York, NY 10171

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/03

Date

978-522-7004

Daytime Phone #

CR2E081 (10/02)