
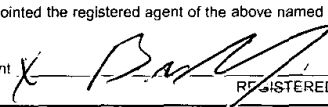
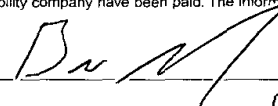


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L-9403		01 NOV 14 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name CAVIARTERIA BOCA RATON, LLC			
2. Principal Office Address 415 PLAZA REAL Suite, Apt. #, etc. MIZNER PARK. City & State BOCA RATON, FL. Zip 33432 Country USA		3. Mailing Office Address 502 PARK AVENUE Suite, Apt. #, etc. City & State N.Y. N.Y. Zip 10022 Country USA	
		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 8-7-2000 6. FEI Number 223747022 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	
REINSTATEMENT 2001			
8. Name and Address of Current Registered Agent			
Name BRUCE SOBOL C/O CAVIARTERIA BOCA RATON			
Street Address (P.O. Box Number is Not Acceptable) 415 PLAZA REAL - MIZNER PARK			
Suite, Apt. #, Etc. 700004702517-9 -12/03/01--01066--013 ****150.00--****150.00			
City BOCA RATON State FL Zip Code 33432			
9. 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  Date 11/3/01 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	BRUCE SOBOL	225 EAST 74th STREET	N.Y. N.Y. 10021
11. 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  Date 10/16/01 Daytime Phone # 718-482-8400			
Typed or printed name of signing Managing Member/Manager Bruce Sobol			

CR2E(41) (9/01)