

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L01000009687

02 DEC -3 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000009687

Name and Mailing Address

0008719 01 FP 0,352 **PRSR H8 0 0615 10004-385505



COURTYARD AT HOMESTEAD, LLC
50 BROADWAY 5TH FLOOR
C/O GFI MANAGEMENT SERVICES, INC.
NEW YORK NY 10004-3855

MJM



12/3 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 06/18/2001		6. FEI Number 13-4177140	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
Principal Place of Business 50 BROADWAY 5TH FLOOR C/O GFI MANAGEMENT SERVICES, INC. NEW YORK NY 10004		3. New Principal Place of Business Address City, State, Zip	
8. Name and Address of Current Registered Agent MIGDOL, JERRY 11105 SOUTHWEST 200 STREET MIAMI FL 33157		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000009322100 12/03/02--01064--008 **155.00 City FL Zip Code	
10. 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 REGISTERED AGENT MUST SIGN Date			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GROSS, EDITH	50 BROADWAY	NEW YORK, NY 10004

CR2E084 (8/02)

12. 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

EDITH GROSS