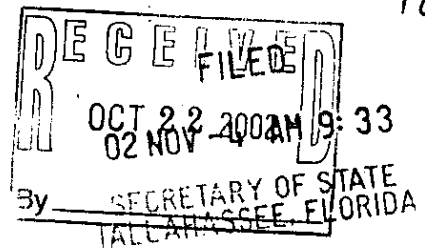


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



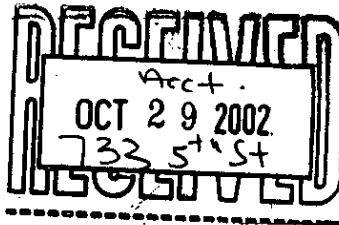
1. DOCUMENT # L01000011125

Name and Mailing Address

0011752 01 SP 0.370 **SGLP

0615 60611

BASSOBE I LLC
 C/O BARRY SIDEL
 ONE IMB PLAZA, STE. 2630
 CHICAGO IL 60611



2. New Mailing Address 733 5th Street City, State, Zip Miami Beach, FL 33139		4. State/Country of Formation FL	
Principal Place of Business C/O BARRY SIDEL ONE IMB PLAZA, STE. 2630 CHICAGO IL 60611		5. Date Organized or Qualified To Do Business in Florida 07/10/2001	
3. New Principal Place of Business Address c/o: B.T. Properties, LLC City, State, Zip 733 5th St. M. Beach, FL 33139		6. FEI Number 65-1120291 Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent SOTO, IRIS C/O CAPITAL COMPANIES LLC 101 COLLINS AVE., SECOND FLOOR MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <i>[Signature]</i> Date: 10-29-02 REGISTERED AGENT MUST SIGN			
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
Managing Member	Barry Sidel	733 5th Street	Miami Beach, FL 33139

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: *[Signature]* Date: 10-29-02 Daytime Phone #: 305-6043470

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)

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BASSOBE I / BEACH APARTMENTS, LLC

733 5TH STREET
Miami Beach, FL 33139
Telephone: 305-604-3470
Facsimile: 305-604-3425

Tuesday, October 29, 2002

Florida Dept. of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

Attn: Diane Cushing

Document#: L01000011125

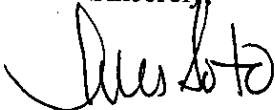
Dear Ms. Cushing:

As per our phone conversation on 10/29/02 and as you had indicated find enclosed the completed application for reinstatement and copy of our cancelled check #1357 in the amount of \$50.00 (dollars) dated March 14, 2002; which the Dept. of State had kept.

In our conversation I mentioned to you that we never received the return of the incomplete first form that was submitted on March 14, 2002.

Please, notice address changes on form.

Sincerely,



Iris Soto
Comptroller

