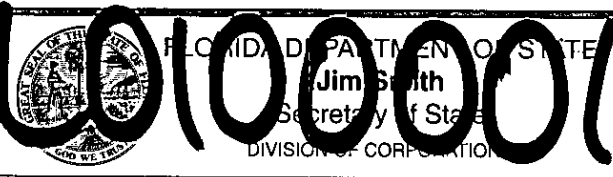


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State

DIVISION OF CORPORATION

01000012023

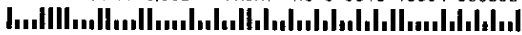
02 DEC -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000012023

Name and Mailing Address

0008710 01 FP 0,352 **PRSRT H8 0 0615 10004-385505



A & M FLORIDA PROPERTIES II, LLC
50 BROADWAY 5TH FLOOR
NEW YORK NY 10004-3855

MJM



12/3 2002

2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
50 BROADWAY 5TH FLOOR NEW YORK NY 10004		07/19/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		11-362 0164	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIGDOL, JERRY 11105 SOUTHWEST 200 STREET MIAMI FL 33157		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		7000009322137	
		12/03/02--01064--010 **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 Date _____

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
MGRM	GROSS, EDITH	50 BROADWAY	NEW YORK, NY 10004

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