L01000020141 255.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L01000020141

1. Limited Liability Company's Name

Coolidge-Clarcona Land, LLC

10/4/02

2. Principal Office Address	**3.** Mailing Office Address
One West Red Oak Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: White Plains, NY	City & State
Zip / Country	Zip / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/20/2001

6. FEI Number: X Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: W. Scott Callahan, c/o Stump, Storey, Callahan & Dietrich, P.A.
Street Address (P.O. Box Number is Not Acceptable): 37 N. Orange Avenue
Suite, Apt. #, Etc.: Suite 200
City: Orlando | State: FL | Zip Code: 32801

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 1/4/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Coolidge-Clarcona Realty Corp.	One West Red Oak Lane	White Plains, NY 10604

REINSTATEMENT 2002 - 2004

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 1/8/04 Daytime Phone # 914 694-6070

Typed or printed name of signing Managing Member/Manager _____

TOTAL P.05