

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS																	
<b>DOCUMENT # L02000002898</b>																					
1. Limited Liability Company's Name Gimbel Holding Co. (Florida) LLC																					
<b>REINSTATEMENT</b> 2003-2004																					
2. Principal Office Address 5676-78 Riverdale Ave. Suite, Apt. #, etc. 4B City & State Riverdale, NY Zip 10471			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																		
			4. State/Country of Formation Florida																		
			5. Date Organized or Qualified To Do Business in Florida 02/06/2002																		
			6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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																					
Name Howard B. Nadel																					
Street Address (P.O. Box Number is Not Acceptable) 800 Corporate Drive																					
Suite, Apt. #, Etc. Suite 420																					
City Fort Lauderdale																					
State FL																					
Zip Code 33334																					
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 2/9/04																					
REGISTERED AGENT MUST SIGN																					
10. Names and Street Addresses of Managing Members/Managers																					
<table border="1" style="width:100%"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Mgr. member</td><td>Bernard Gimbel</td><td>5296 Boca Marina Circle South</td><td>Boca Raton, FL 33487</td></tr><tr><td>member</td><td>Diane Gimbel</td><td>5296 Boca Marina Circle South</td><td>Boca Raton, FL 33487</td></tr><tr><td colspan="4" style="text-align:center"><b>REINSTATEMENT</b> 2003-2004</td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Mgr. member	Bernard Gimbel	5296 Boca Marina Circle South	Boca Raton, FL 33487	member	Diane Gimbel	5296 Boca Marina Circle South	Boca Raton, FL 33487	<b>REINSTATEMENT</b> 2003-2004			
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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 2/9/04 Daytime Phone # 888-267-8260																					
Typed or printed name of signing Managing Member/Manager Bernard Gimbel, Manager																					

CR2E041 (10/02)