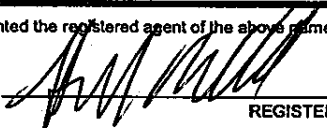
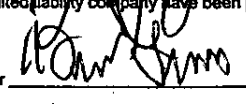


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000003799		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB 13 PM 3:41 LR 02/24/04	
1. Limited Liability Company's Name Pelican Cove at Ocean Ridge Assoc., LLC			
REINSTATEMENT 2003-2004			
2. Principal Office Address 5676-78 Riverdale Ave.		3. Mailing Office Address	
Suite, Apt. #, etc. 4B		Suite, Apt. #, etc.	
City & State Riverdale, NY		City & State	
Zip 10471	Country USA	Zip	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 02/15/2002	
6. FEI Number 45-0467816		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			
Name Howard B. Nadel			
Street Address (P.O. Box Number is Not Acceptable) 800 Corporate Drive			
Suite, Apt. #, Etc. Suite 420			
City Fort Lauderdale			
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			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Bernard Gimbel	5296 Boca Marina Circle South	Boca Raton, FL 33487
		REINSTATEMENT	2003-2004
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 2/9/04	Daytime Phone# 888-267-8260
Typed or printed name of signing Managing Member/Manager Bernard Gimbel, Manager			

CR2E041 (10/02)