
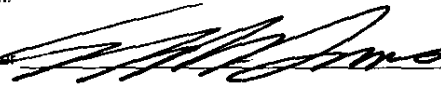


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>L02000019193</b>				<b>FILED</b>	
<b>DOCUMENT # L02000019193</b>				<b>03 DEC -2 AM 9:09</b>	
<b>1. Limited Liability Company's Name</b> COMMONWEALTH FOREST EDGE, LLC				<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>2. Principal Office Address</b> 20281 East Country Club Drive Suite, Apt. #, etc. #1802 City & State Aventura, Florida Zip 33180 Country USA		<b>3. Mailing Office Address</b> 20281 East Country Club Drive Suite, Apt. #, etc. #1802 City & State Aventura, Florida Zip 33180 Country USA		<b>4. State/Country of Formation</b> Florida <b>5. Date Organized or Qualified To Do Business in Florida</b> July 26, 2002 <b>6. FEI Number</b> 06-1646950 <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>					
Name Alan J. Marcus Street Address (P.O. Box Number is Not Acceptable) 20803 Biscayne Boulevard Suite, Apt. #, Etc. Suite 301 City Aventura State FL Zip Code 33180					
<b>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.</b> Signature of Registered Agent  Date 11/25/2003 REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	Eddie Sims	c/o E and J Holding Company of Bayside 20281 East Country Club Drive	Aventura, FL 33180		
<b>REINSTATEMENT 2003</b>					
<b>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.</b> Signature of Managing Member/Manager  Date 11/25/03 Daytime Phone (954) 868-5098 Typed or printed name of signing Managing Member/Manager EDDIE SIMS					

CP2E041 (10/02)