## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  COMPANY						ASSESSED BY		
DOCUMENT# L0400091827  1. Limited Liability Company's Name						000095252585 07/29/01-01057005 **250.00 cr26041 (1/07)		
OKA Orlando, LLC								
			office Address outh Bayshore Drive		4. State/Country of Formation Florida/USA			
Suite Apt. Suite 2		Suite, Apt. #, etc. Suite 200			FigradusA  5. Date Organized or Qualified To Do Business in Florida 12/20/2004			
City & Stat Miami,	Florida	City & State Miami, Florida			6. FEI Number Applied For None Not Applicable			
Zip 33134	Country USA	Zip 33134	Country USA		7. CERTIFICATE	OF STATUS DESIRED S	5.00 Additional Fee required for a Certificate of Status	
Name and Address of Current Registered Agent Name Neil S. Rollnick, Esq./Adorno & Yoss, LLP  Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon BIVO.  Suite, Apt. #, Etc. Suite 400  State 33134					A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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  REGISTERED AGENT MUST SIGN								
10. Nam	es and Street Addresses of Managing Men	bers/Managers	0	Address of Each				
Titles	Managing Members/Managers Managi			Member/ Manag	ar/ Manager City / State / Zip			
MGRM	New Dawn Holdings, LLC 2601 South Bayshore Driv					Miami, FL	33133	
MGRM	Key Real Estate Development 2601 South Bayshore Driv					Miami, FL	33133	
MGRM	Interbank Holding Corp. 1101 Brickell Ave., 400 S				outh Tower	Miami, FL	33131	
		REINST	ATEMEN	1_2	00	5-20 5000952 129/07-01057	07 52585 -004 **5.00	
11.1 cartify 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 Manager / WWR / Clyston Date 3/19/2007 Daytime Phone #305-854-0400								
Typed or printed name of signing Managing Member/Manager Jack Kaplan, as Managing Member of New Dawn Holdings, LLC								