

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L96000000614

1. Limited Liability Company's Name

VILLAGE APARTMENTS AT COCONUT CREEK L.C.

2. Principal Office Address

1 WOODBRIDGE CENTER DRIVE

Suite, Apt. #, etc.

SUITE 610

City & State

WOODBIDGE, NEW JERSEY

Zip

07095

Country

MIDDLESEX

3. Mailing Office Address

1 WOODBRIDGE CENTER DRIVE

Suite, Apt. #, etc.

SUITE 610

City & State

WOODBIDGE, NEW JERSEY

Zip

07095

Country

MIDDLESEX

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/29/1996

6. FEI Number

65-0674570

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

SAMUEL D. NAVON, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2699 STIRLING ROAD

Suite, Apt. #, Etc.

SUITE B-100

City

FORT LAUDERDALE

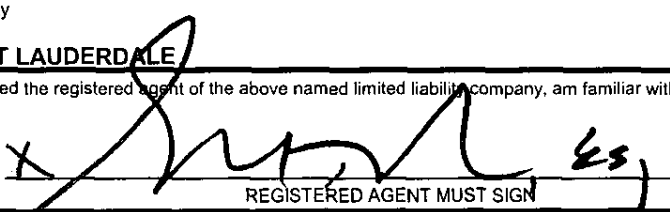
State

FL

Zip Code

33312

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

10/27/03

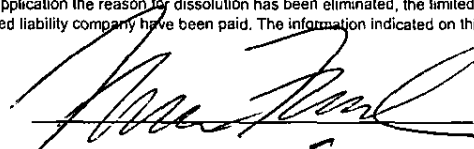
REGISTERED AGENT MUST SIGN

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
MGRM	ERWIN FISCH	1 WOODBRIDGE CENTER DRIVE	WOODBIDGE, NJ 07095

REINSTATEMENT 97-03

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

10/17/2003

Daytime Phone #

908-654-7010

Typed or printed name of signing Managing Member/Manager

ERWIN FISCH, Managing Member