


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 21 PM 3:06

DOCUMENT # L9900001084

1. Limited Liability Company's Name

ISLAMORADA HOMES, L.L.C.

2. Principal Office Address

15400 NW 34TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33054

Country

USA

3. Mailing Office Address

15400 NW 34TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33054

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

2/25/1999

6. FEI Number

650916860

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LESTER, PAUL A.

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

SUNTRUST PLAZA 201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 601

City

CORAL GABLES

State

FL

Zip Code

33134

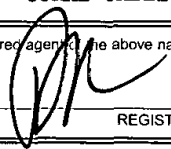
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***150.00 ***150.00

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



REGISTERED AGENT MUST SIGN

Date

12/20/01

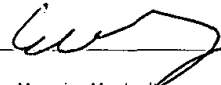
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LODGE ENTERPRISES LIMITED PARTNERSHIP	15400 NW 34th AVENUE	MIAMI, FL 33054
MGR	ORR CONSTRUCTION, INC.	110 GIARDINO DRIVE	ISLAMORADA, FL 33036
MGR	IVORY INTERNATIONAL, INC.	15400 NW 34TH AVENUE	MIAMI, FL 33054
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REINSTATEMENT 2001

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 12/19/2001

Daytime Phone # 305.687.2244

WILL HOPPER, CFO AND ASSISTANT SECRETARY TO IVORY INTERNATIONAL INC.

Typed or printed name of signing Managing Member/Manager

CR2E01 (9/01)