H000000573956

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000009227

1. Limited Liability Company's Name

Coşcan Florida Associates LLC

2. Principal Office Address		3. Mailing Office Address	
5555 Anglers Ave.		5555 Anglers Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1		Suite 1	
City & State		City & State	
Ft. Lauderdale, FL		Ft. Lauderdale, FL	
Zip	Country	Zip	Country
33312	USA	33312	USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 12/28/99

6. FEI Number: Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED: X

8. Name and Address of Current Registered Agent

Name: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd Street

Suite, Apt. #, Etc.: Suite 3500

City: Miami | State: FL | Zip Code: 33131

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: Leon J. Wolfe, VP Date: 11/1/00

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Brookfield Developers Florida Inc.	5555 Anglers Ave. Suite 1	Ft. Lauderdale, FL 33312

REINSTATEMENT

00 NOV -1 PM 3:28 FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 the dissolution was administratively dissolved, 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.

BROOKFIELD DEVELOPERS FLORIDA INC.

Signature of Managing Member/Manager: Byrs Date: 11/1/00 Daytime Phone #: 954-620-1000

Albert C. Piazza, President

Typed or printed name of signing Managing Member/Manager

H000000573956

L99000092 27

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000057395 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : BERMAN WOLFE & RENNERT, P.A.
Account Number : 076103002011
Phone : (305)577-~~4166~~4163 Staci Kimmel
Fax Number : (305)373-6036

LIMITED LIABILITY REINSTATEMENT

COSCAN FLORIDA ASSOCIATES LLC

L99-9227 VR4/1

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

FILED
00 NOV -1 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

2p