

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M00000000691

Name and Mailing Address

0014912 01 AB 0.301 **AUTO H5 0 0615 10169-045606

RANDOLPH REAL ESTATE CONSULTANTS LLC
230 PARK AVENUE, SUITE 456
NEW YORK NY 10169-0456



10/29 2003

2. New Mailing Address 230 Park Avenue Suite 646 City, State, Zip New York, NY 10169		4. State/Country of Formation DE	
Principal Place of Business 230 PARK AVENUE, SUITE 456 NEW YORK NY 10169		5. Date Organized or Qualified To Do Business in Florida 04/10/2000	
3. New Principal Place of Business Address 230 Park Ave Suite 646 City, State, Zip NY, NY 10069		6. FEI Number 06-1553662	
8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
10. 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 X Barbara A. Burke BABARA A. BURKE SPECIAL ASSISTANT SECRETARY Date 10.27.03		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCLEAN, BRUCE	230 PARK AVENUE, #456	NEW YORK NY 10169

REINSTATEMENT 2003

12. 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 **SIGNATURE REQUIRED** Date **10-20-03** Daytime Phone # **646-269-7002**

CR2E084 (7/03)