


M00000000972

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000000972 1. Limited Liability Company's Name Kelco/FB Ocean Point LLC					
2. Principal Office Address 810 Seventh Avenue Suits, Apt. #, etc. 28th floor City & State New York, NY Zip 10019		3. Mailing Office Address 810 Seventh Avenue Suits, Apt. #, etc. 28th floor City & State New York, NY Zip 10019		4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida	
				6. FEI Number 65-0999607	
				Applied For <input type="checkbox"/> Not Applicable	
				7. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DEARED <input type="checkbox"/> \$3.00 Additional Fee Required for a Certificate of Status	

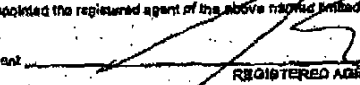
04 MAR 17 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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B. Name and Address of Current Registered Agent	
Name Kelley D. Slay	
Street Address (P.O. Box Number is Not Acceptable) 2494 Princeton Court	
Suits, Apt. #, Etc.	
City Weston	State FL
	Zip Code 33327

8. 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 **3/16/04**

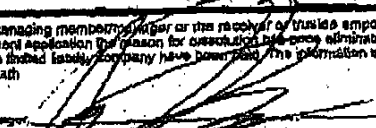
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Kelco/FB LLC	810 Seventh Avenue, 28th floor	New York, NY 10019

REINSTATEMENT 2003-2004

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11. I certify that I am a managing member, manager or the holder of a trust or trusts 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 owing by the limited liability company have been paid. The information provided 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 **3/10/04** Daytime Phone # **212-265-6600**

Typed or printed name of signing Managing Member/Manager **Kelco/FB LLC BY Jay Furman, Authorized Representative**



CORPORATION SERVICE COMPANY

M00000000972

ACCOUNT NO. : 072100000032

REFERENCE : 489130 4330802

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ ~~200.00~~

ORDER DATE : March 11, 2004

205.00

ORDER TIME : 12:36 PM

ORDER NO. : 489130-005

CUSTOMER NO: 4330802

CUSTOMER: Steven Nachman
Rd Management Corp.
28th Floor
810 Seventh Avenue
New York, NY 10019

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 MAR 17 PM 3:04

RECEIVED

REINSTATEMENT

NAME: KELCO/FB OCEAN POINT LLC

XX REINSTATEMENT

904A 0001 8068

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____