


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000001055					
1. Limited Liability Company's Name Global Housing Partners, LLC					
2. Principal Office Address 400 Clematis Street		3. Mailing Office Address 400 Clematis Street		4. State/Country of Formation Delaware, U.S.A.	
Suite, Apt. #, etc. Suite 209		Suite, Apt. #, etc. Suite 209		5. Date Organized or Qualified To Do Business in Florida April 18, 2002	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33401	Country U.S.A.	Zip 33401	Country U.S.A.	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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TALLAHASSEE, FLORIDA

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8. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301

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 <i>Deborah D. Skipper</i> Deborah D. Skipper Asst. V. Pres.	Date 2/6/04
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	Intecon, LLC	701 Warren Drive	Jupiter, FL 33458
MGRM	Global Mortgage Services, LLC	122 East 42nd Street, Suite 2707	New York, NY 10168

REINSTATEMENT 2003-2004

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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 <i>Richard V. Reikenis</i> Richard V. Reikenis	Date 2-5-04 Daytime Phone# 561-833-2446



CORPORATION SERVICE COMPANY™

MO20000001055

ACCOUNT NO. : 072100000032

REFERENCE : 427861 4320849

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 205.00

ORDER DATE : February 6, 2004

ORDER TIME : 11:05 AM

ORDER NO. : 427861-005

CUSTOMER NO: 4320849

CUSTOMER: Deana Labriola, Esq.
Cadwalader Wickersham & Taft
Suite 1100
1201 F Street, Nw
Washington, DC 20004

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DOMESTIC FILINGS

NAME: GLOBAL HOUSING PARTNERS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
04 FEB -6 PM 1:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA