

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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04 JAN -8 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/08/04--01015--021 **150.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MO2000002749

1. Limited Liability Company's Name
Allied Capital and Development, LLC

2. Principal Office Address 3300 PGA Blvd.		3. Mailing Office Address 3300 PGA Blvd.	
Suite, Apt. #, etc. Suite 330		Suite, Apt. #, etc. Suite 330	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA

4. State/Country of Formation
Rhode Island

5. Date Organized or Qualified To Do Business in Florida 10/17/2002

6. FEI Number 02-0611800

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Ward, Damon & Posner, P.A.

Street Address (P.O. Box Number is Not Acceptable): 4420 Beacon Circle

Suite, Apt. #, Etc.: Suite 100

City: West Palm Beach State: FL Zip Code: 33407

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: [Signature] Date: 1/5/04

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
MGR	Nicholas A. Mastroianni, II	3300 PGA Blvd., Suite 330	Palm Beach Gardens, FL 33410
MGR	David Finkelstein	3300 PGA Blvd., Suite 330	Palm Beach Gardens, FL 33410

REINSTATEMENT 03
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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: [Signature] Date: 1/5/2004 Daytime Phone #: 561-799-0050

Typed or printed name of signing Managing Member/Manager: Nicholas A. Mastroianni, II, President, Manager

CR2E041 (10/02)