


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 02 MAR -1 AM 10:40

**DOCUMENT # M02597**

1. Corporation Name  
**K. HOVNIANIAN AT FT. MYERS I, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

000005096720--7  
 -03/12/02--01038--024  
 \*\*\*\*150.00 \*\*\*\*150.00

Principal Place of Business      Mailing Address

1800 S. AUSTRALIAN AVENUE  
~~SUITE 400~~  
 WEST PALM BEACH FL 33409

1800 S. AUSTRALIAN AVENUE  
~~SUITE 400~~  
 WEST PALM BEACH FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 01-02**

2. New Principal Office Address, If Applicable      3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **402**      Suite, Apt. #, etc. **402**

City & State      City & State

Zip      Country      Zip      Country

4. Date Incorporated or Qualified To Do Business in Florida      **07/11/1984**

5. FEI Number      Applied For

**22-2562958**      Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HOVNIANIAN, KEVORK S.	29 WARD AVE.	RUMSON NJ
D	HOVNIANIAN, ARA K.	61 WHIPPORWILL VALLEY DR	ATLANTIC HGLNDS NJ
DS	MASON, TIMOTHY P.	22 DEVON DR.	PISCATAWAY NJ
T	MASON, TIMOTHY P.	22 DEVON DR.	PISCATAWAY NJ
P	RAPAPORT, JPN	1800 S AUSTRALIAN AVE, #400	WEST PALM BEACH FL 33409

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 -03/12/02--01038--025  
 \*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

**BRANNOCK, G. STEVEN ESQUIRE**  
 1800 S. AUSTRALIAN AVENUE  
~~SUITE 400~~  
 WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc. **402**

City      State **FL**      Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *G. Steven Brannock, Esq*      Date *2/26/02*

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:** *Jonathan Rapaport Pres.*      Date *2/26/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone # *407-333-1555*

CR2E040 (8/01)