

APPLI... REINSTATEMENT F... LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**M9600000480**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN 30 AM 11:49

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**Joe Allen Miami Beach LLC**  
 1787 Purdy Avenue  
 Miami Beach, FL 33139

**DOCUMENT # M9600000480**

10/17/97

1a. Principal Place of Business Address  
 1787 Purdy Avenue  
 Miami Beach, FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Date Organized or Qualified  
 December 3, 1996

3a. State of Formation  
 Delaware

4. FEI Number  
 65-0683148

5. Date of Last Report

6. Certificate of Status Desired  
 Applied For  
 Not Applicable  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
 United Corporate Services, Inc  
 801 Northeast 167th Street  
 Suite 300  
 North Miami Beach, FL 33162

8. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, etc.  
 City  
 Zip Code  
**FL**

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 Michael A. Barr-Pass Date 1/28/98  
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Raymond F. Cronauer	322 West 46th Street	NY, NY 10036

500002422275--9  
 -02/05/98--01055--001  
 \*\*\*\*\*847.50 \*\*\*\*\*847.50

500002422275--9  
 -02/05/98--01055--002  
 \*\*\*\*\*40.00 \*\*\*\*\*40.00

500002422275--9  
 -02/05/98--01055--003  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

**REINSTATEMENT**

1997/1998

(BFC) (CJS)

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 Raymond F. Cronauer Date 1/29/98 Daytime Phone # 212-581-6464  
 Typed or printed name of signing Managing Member/Manager