


m97000000714

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 JAN 21 PM 1:05																	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE																					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # m97000000714 Grand Cru Villa of LLC 40 Emmes Asset Management Corp. 420 Lexington Avenue New York, NY 10170				1a. Principal Place of Business Address Same as #1																	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a																					
2. Principal Place of Business New York 420 Lexington Ave. Suite, Apt. #, etc. Suite 2702 City & State New York, NY Zip 10170 Country USA		2a. Mailing Address 420 Lexington Ave. Suite, Apt. #, etc. Suite 2702 City & State New York, NY Zip 10170 Country USA		3. Date Organized or Qualified October 28, 1997 4. FET Number 13-3974440 5. Date of Last Report																	
				3a. State of Formation Delaware <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																	
7. Name and Address of Current Registered Agent CSC 1201 Hays Street Tallahassee, FL 32301			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code																		
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 _____ Date _____																					
REINSTATEMENT APPLICATION																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State & Zip Code</th> </tr> </thead> <tbody> <tr> <td>MEM</td> <td>Andrew Davidson</td> <td>420 Lexington Ave. NY, NY 10170</td> <td></td> </tr> <tr> <td>MEM</td> <td>Larry Davis</td> <td>Same as above</td> <td></td> </tr> <tr> <td>MEM</td> <td>Gary Tischler</td> <td>Same as above</td> <td></td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code	MEM	Andrew Davidson	420 Lexington Ave. NY, NY 10170		MEM	Larry Davis	Same as above		MEM	Gary Tischler	Same as above	
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MEM	Gary Tischler	Same as above																			
REINSTATEMENT 1998																					
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 608.405, 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 _____ Date 12/11/98 Daytime Phone # 212-213-8900 Typed or printed name of signing Managing Member/Manager Gary Tischler																					