

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John S. ...  
Secretary of State  
DIVISION OF CORPORATIONS

M99000000697

02 NOV -8 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M99000000697

Name and Mailing Address

0006802 01 FP 0.352 \*\*PRSRT T1 0 0615 07931-243722



350 SOUTH BEACH ROAD, LLC  
C/O AFFILIATED PRIVATE INVESTORS  
22 PEAPACK ROAD  
FAR HILLS NJ 07931-2437



11/8 2002

<b>2. New Mailing Address</b> P.O. Box 86 City, State, Zip Oldwick, NJ 08858		<b>4. State/Country of Formation</b> NJ																					
<b>3. New Principal Place of Business Address</b> C/O AFFILIATED PRIVATE INVESTORS 87 Homestead Road 22 PEAPACK ROAD FAR HILLS NJ 07931 City, State, Zip Oldwick, NJ 08858		<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/05/1999																					
<b>6. FEI Number</b> 22-3604945		Applied For Not Applicable																					
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																							
<b>8. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 7000008891167 11/08/02--01088--001 **150.00 City FL Zip Code																					
<b>10.</b> 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 <u>Brian Courtney</u> Asst. V. Pres. REGISTERED AGENT MUST SIGN Date <u>11-6-02</u>																							
<b>11. Names and Street Addresses of Each Managing Member/Manager</b> <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>JOHNSON, S. TUCKER S.</td> <td>P.O. Box 86</td> <td>Oldwick NJ 07031</td> </tr> <tr> <td>MGR</td> <td>S. Tucker S. Johnson</td> <td>87 Homestead Road P.O. Box 86</td> <td>Oldwick, NJ 08858</td> </tr> <tr> <td>MGR</td> <td>Gretchen W. Johnson</td> <td>87 Homestead Road P.O. Box 86</td> <td>Oldwick, NJ 08858</td> </tr> <tr> <td>MGR</td> <td>James L. Johnson</td> <td>87 Homestead Road P.O. Box 86</td> <td>Oldwick, NJ 08858</td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	JOHNSON, S. TUCKER S.	P.O. Box 86	Oldwick NJ 07031	MGR	S. Tucker S. Johnson	87 Homestead Road P.O. Box 86	Oldwick, NJ 08858	MGR	Gretchen W. Johnson	87 Homestead Road P.O. Box 86	Oldwick, NJ 08858	MGR	James L. Johnson	87 Homestead Road P.O. Box 86	Oldwick, NJ 08858
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CR2EC84 (8/02)

**12.** 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 James L. Johnson Date 10/30/02 Daytime Phone # 908 439 3130

Typed or printed name of signing Managing Member/Manager James L. Johnson