

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 FEB 16 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M99000000864

1. Limited Liability Company's Name

HARBOUR POINTE L.L.C.

**REINSTATEMENT**

2000-  
2001

2. Principal Office Address <i>Go to the related companies</i>		3. Mailing Office Address <i>Go to the related companies</i>		4. State/Country of Formation Delaware		
Suite, Apt. #, etc. 625 Madison Ave		Suite, Apt. #, etc. 625 Madison Ave		5. Date Organized or Qualified To Do Business in Florida 06/10/2000		
City & State New York, NY		City & State NY NY		6. FEI Number 13-4055344		Applied For Not Applicable
Zip 10022	Country	Zip 10022	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

CR2E041 (9/99)

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 *Carol K. Pote* Date 2-12-2001  
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
MDGRY DIR	<i>John Sokolovic</i>	<i>Go to the related companies 625 Madison Ave</i>	<i>New York, NY 10022</i>

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2-19-01

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 *Michael Brenner* Date 12/13/01 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Michael Brenner member



ACCOUNT NO. : 072100000032

REFERENCE : 998629 4321791

AUTHORIZATION :

COST LIMIT : \$ 200.00

*Patricia Pigute*

ORDER DATE : February 9, 2001

ORDER TIME : 3:23 PM

ORDER NO. : 998629-410

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin  
The Related Companies, Inc.  
625 Madison Avenue, 9th Floor

New York, NY 10022

REINSTATEMENT

NAME: HARBOUR POINTE L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

RECEIVED  
DEPARTMENT OF STATE  
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2001 FEB 16 PM 4:04  
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