
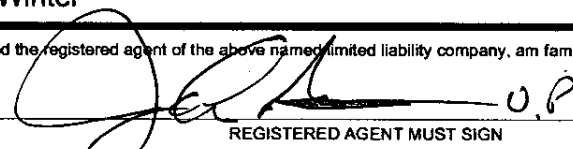
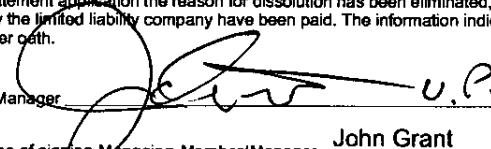


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>2004 APR -1 PM 4:38</b> <b>DIVISION OF CORPORATIONS</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT # M99000001372</b>					
<b>1. Limited Liability Company's Name</b> PEARCE ALTAMONTE, LLC C/O Pearce & Mayer Realty					
<b>2. Principal Office Address</b> East 71st. Street		<b>3. Mailing Office Address</b> East 71st. Street		<b>4. State/Country of Formation</b>	
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. 1A		<b>5. Date Organized or Qualified To Do Business in Florida</b> 9/1/1999	
City & State NY, NY		City & State NY, NY		<b>6. FEI Number</b> 13-4081198	
Zip 10021		Country		<input type="checkbox"/> <b>7. CERTIFICATE OF STATUS DESIRED</b> \$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b>					
Name M.D. Carlisle Corp. Of Florida					
Street Address (P.O. Box Number is Not Acceptable) 1701 Lee Road					
Suite, Apt. #, Etc. Suite A					
City Winter					
State FL					
Zip Code					
<b>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.</b>					
Signature of Registered Agent  U.P. Date 3/26/2004					
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	Pearce, Leon	East 71st. Street	NY, NY 10021		
<b>REINSTATEMENT</b> 2002-04					
<b>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.</b>					
Signature of Managing Member/Manager  U.P. Date 3/26/2004 Daytime Phone # 407-628-4295					
Typed or printed name of signing Managing Member/Manager John Grant					

CR2E041 (10/02)