PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED O2 JUN 26 PM 6: 19 SECRETARY OF STATE
DOCUMENT # P93000012780 1. Corporation Name		TALLAHASSEE, FLORIDA
K. HOVNANIAN AT WINSTON TRAILS, INC.		8000062592383 -07/08/0201090001
2. Principal Office Address	3. Mailing Office Address	**11700.00
10 Highway 35	10 Highway 35	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 03/04/1993 To Do Business in Florida
City & State Red Bank, NJ	City & State Red Bank, NJ	5. FEI Number Applied For 22 3219184 Not Applicable
Zip 07701 Country USA	Zip 07701 Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Jeffrey D. Kneen, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 1400 Centrepark Boulevard Suite, Apt. #, Etc. Suite 1000		
City West Palm Beach		State Zip Code FL 33401
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Date Date		
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonprofit corporations must list	at least 3 directors)
Titles Name of Officers and/or Director	Street Address of Street Address of Officer and/or Direction	
P/D Ara K. Hovnanian	10 Highway 35	Red Bank, NJ 07701
S/SV D Peter S. Reinhart	10 Highway 35	Red Bank, NJ 07701
SV/D Paul W. Buchanan	10 Highway 35	Red Bank, NJ 07701
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals fisted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and the names of individuals fisted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and the name legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		



ACCOUNT NO. : 072100000032

REFERENCE : 641102 7057A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 26, 2002

ORDER TIME : 2:11 PM

ORDER NO. : 641102-045

CUSTOMER NO: 7057A

CUSTOMER: Jeffrey Kneen, Esq

Levy Kneen Mariani Curtin

Suite 1000

1400 Centrepark Boulevard West Palm Beach, FL 33401

DOMESTIC FILINGS

NAME: K. HOVNANIAN AT WINSTON

TRAILS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS