PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ	ALL INSTITUTE	DEL OUE OO	(Kap.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMEN  Katherine Ha  Secretary of S  DIVISION OF CORPOR	irris State RATIONS	FILED 2 JUN 26 PM 6: 04
DOCUMENT # P9400001995  1. Corporation Name			ECRETARY OF STATE ALEAHASSEE, FLORIDA
K. HOVNANIAN AT COCON	UT CREEK, INC.	3.	**
2. Principal Office Address	3. Mailing Office Address		6000062591767 -07/08/0201090001
10 Highway 35	10 Highway 35		-07/08/0201090001
Suite, Apt. #, etc.	Suite, Apt. #, etc.		**11700.00 ****900.00
utte, Apt. #, etc.		4	4. Date Incorporated or Qualified 01/10/1994 To Do Business in Florida
City & State City & State		_ 5	5. FEI Number Applied For
Red Bank, NJ	Red Bank, N.	J	22-3275859 Not Applicable
O7701 Country USA	<sup>Zip</sup> 07701 Cour	USA 6	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)  1400 Centrepark Boulevard  Suite, Apt. #, Etc.  Suite 1000  City  West Palm Beach  State  State  State  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 Peristand Agent	EGISTERED AGENT MUST SIGN	with and accept the oblig.	Date 6-17-02
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corp	orations must list at least	t 3 directors)
Titles Name of Officers and/or Directors	I	Street Address of Each Officer and/or Director	City / State / Zip
P/D Ara K. Hovnanian	10 Highw	vay 35	Red Bank, NJ 07701
S/SV D Peter S. Reinhart	10 Highw	ay 35	Red Bank, NJ 07701
SV/D Paul W. Buchanan	10 Highw	ay 35	Red Bank, NJ 07701
			Mu
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 filing 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 listed 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 my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #			



ACCOUNT NO. : 072100000032

REFERENCE : 641102 7057A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: June 26, 2002

ORDER TIME : 2:10 PM

ORDER NO. : 641102-030

CUSTOMER NO: 7057A

CUSTOMER: Jeffrey Kneen, Esq

Levy Kneen Mariani Curtin

Suite 1000

1400 Centrepark Boulevard West Palm Beach, FL 33401

west raim beach, in 55401

## DOMESTIC FILINGS

NAME: K. HOVNANIAN AT COCONUT CREEK,

INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_

