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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL 20 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004691  
1. Corporation Name  
TRG II, Inc.

2. Principal Office Address  
120 S. Olive Street  
Suite, Apt. #, etc.  
Suite 300  
City & State  
West Palm Beach, FL  
Zip  
33401  
Country  
USA

3. Mailing Office Address  
120 S. Olive Street  
Suite, Apt. #, etc.  
Suite 300  
City & State  
West Palm Beach, FL  
Zip  
33401  
Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 1/15/1998  
5. FEI Number  
6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent  
Name  
Leon J. Wolfe  
Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. Second Street  
Suite, Apt. # Etc.  
3500  
City  
Miami  
State  
FL  
Zip Code  
33131

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  
REGISTERED AGENT MUST SIGN  
Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Richard P. Richman	120 S. Olive Street Suite 300 AVENUE	W. Palm Beach, FL 33401
V/P	DAVID SALZMAN	120 S. OLIVE AVE SUITE 300	WEST PALM BEACH FL 3340

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 suspension 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: David Salzman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/24/00  
Case 203-869-0900  
Cayenne Phone

LS

TRG II, INC.  
120 SOUTH OLIVE AVENUE, SUITE 300  
WEST PALM BEACH, FLORIDA 33401

May 23, 2000

**VIA CERTIFIED MAIL**  
**Return Receipt Requested**

Department of State  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Reinstatements

Re: *TRG II, Inc./ Document number P98000004691 (the "Company")*

To Whom It May Concern:

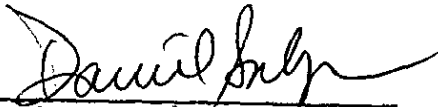
Please find enclosed the following for the above-referenced Company: (i) an Application for Reinstatement and (ii) a check in the amount of \$158.75 for the annual report fee and certificate of status fee.

The Company is applying for reinstatement since it was administratively dissolved due to failure to file an Annual Report. The Company seeks to waive the \$600 reinstatement fee because it never received the Annual Report for the following reason: the Company's mailing address in the Department of State's records incorrectly lists the principal address as 222 Clematis Street, Suite 207. The correct address is: **120 South Olive Avenue, Suite 300**. In addition, in support of their request to have the reinstatement fee waived, the Company is the owner of an apartment complex providing affordable housing for low-income families and is under financial hardship at this time. It is owned by a non-profit community development corporation and has very limited funds.

If reinstatement is granted for the Company, please send the certificate of status to the above-listed address. If you have any questions, feel free to call me at (800) 333-3509.

Very truly yours,

TRG II, INC.

By:   
Name: DAVID A. SALZMAN  
Title: VICE PRESIDENT

Enclosures