

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

P99000027922
FILED

01 MAY 11 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M 5/16

DOCUMENT # P99000027922

1. Corporation Name

LEHH, Inc.

2. Principal Office Address

One Odell Plaza

Suite, Apt. #, etc.

City & State

Yonkers, NY

Zip

10701

Country

USA

3. Mailing Office Address

One Odell Plaza

Suite, Apt. #, etc.

City & State

Yonkers, NY

Zip

10701

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/25/99

5. FEI Number

65-0911941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shamira Klein Esq c/o Berman Wolfe & Rennert, P.A.

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2nd St.

Suite, Apt. #, Etc.

Suite 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 4/30/01

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
D	MACFARLANE, Robert A.	One Odell Plaza	Yonkers, NY 10701
D	CHOWDHURY, KARIM	One Odell Plaza	Yonkers, NY 10701

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

Robert A. MacFarlane

Date

4/26/01 (914)964-3000

Daytime Phone #

CR2E081 (8/00)

For Filing Purposes ONLY



Lake's Edge Homes Holdings, Inc.

Robert MacFarlane
Chief Executive Officer

P99000027922

May 8, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Lake's Edge Homes Holdings, Inc. (Document Number P99000027926) and
LEHH, Inc. (Document Number P99000027922)

To Whom It May Concern:

On behalf of Lake's Edge Homes Holdings, Inc. and LEHH, Inc., I respectfully ask that the Department of State waive the late fees associated with the reinstatement of the two corporations. In the case of each Company, notices for the filing of reports were never received. (To correct this problem in the future, we have provided an updated address on the Corporation Reinstatement forms.)

I have enclosed two checks, each in the amount of \$ 308.75, for the reinstatement of and certificate of good standing for Lake's Edge Homes Holdings, Inc. and LEHH, Inc. I have also enclosed two checks, each in the amount of \$35.00, for the resignation of a director of the two entities.

Please do not hesitate to contact me for any reason at the contact information printed below.

Sincerely,

Robert MacFarlane
Chief Executive Officer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA