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REINSTATEM INT	

FLORIC DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P990000) 30883

1. Corporation Name

COUNTRY LAKE HOMES HOLDINGS, INC.

FILED

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2. Principal Office Address		3. Mailing Office Add	ress				
One Odell Plaza			One Od	dell Plaza			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
					4. Date Incorporated or Qualified To Do Business in Florida 04/05/99		
City & State			City & State		5. FEI Number	Applied For	
Yonkers, NY		Yonker	cs, NY	65-09/1935	Not Applicable		
Zip Country USA		Zip 10701	Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of State			
			7. Name and	d Address of Current Reg	jistered Agent		
	Name REGISTERED AGENTS OF FLORIDA, LLC						
		dress (P.O. Box Number 100 Southeast	is Not Acceptable) t Second Street				
	Suite, Apt	. #, Etc. 3500					
	City	Miami			State Zip Code FL 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 October 10, 2000 Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addr sses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director D Robert MacFarlane One Odell Plaza Yonkers, NY 10701 KARIM CHOWDHURY D One in the property of 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 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 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:

Karim Chowdawry

OCT 10, 2000

Date

(914) 964-3000

Daytime Phone #

CB2E081 /9/



ONE ODELL PLAZA YONKERS, NEW YORK 10701

VIA FEDERAL EXPRESS

October 11, 2000

Florida Department of State 409 East Gaines Street Tallahassee, FL 32399 Attn: Reinstatements

Re: Country Lake Homes Holdings, Inc.

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 680-3 West 246th Street, Riverdale, NY, 10441. The correct address is: **One Odell Plaza, Yonkers, NY 10701**. 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.

If reinstatement is granted for the Company, please send the certificate of status to the office of our attorney at the following address:

Berman Wolfe Rennert Vogel & Mandler, P.A. 100 S.E. Second Street

Suite 3500

Miami, Florida 33131

If you have any questions, please contact Wendy Beck, Esq., of Berman Wolfe Rennert Vogel & Mandler, P.A., at (305)-577-4164.

Very truly yours,

Country Lake Homes Holdings, Inc.

By: Karim Chowdhury
Name: Karim Chowdhury

Title: Director

Enclosures