

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

02 SEP 26 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008171257--5
-10/03/02--01017--028
*****900.00 *****900.00

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-10/03/02--01017--029
*****5.00 *****5.00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F00000005133</u>			
1. Corporation Name BCM/CHI Eden Roc Tenant Inc.			
2. Principal Office Address c/o Blackacre Capital Management LLC		3. Mailing Office Address c/o Blackacre Capital Management LLC	
Suite, Apt #, etc. 450 Park Avenue		Suite, Apt. #, etc. 450 Park Avenue	
City & State New York NY		City & State New York NY	
Zip 10022	Country USA	Zip 10022	Country USA

REINSTATEMENT *Jan 2002*

Date Incorporated or Qualified To Do Business in Florida		September 13, 2000
5. FEI Number 52-226-3261	Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

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*****3.75 *****3.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent *Salvina Amenta-Gray* REGISTERED AGENT MUST SIGN **SALVINA AMENTA-GRAY** Date 9/23/02
SPECIAL ASSISTANT SECRETARY

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PRESIDENT 3 DIRECTOR	Ron Kravit	450 Park Ave.	New York, NY 10022
V.P. 5 DIRECTOR	Jeffrey B. Citrin	450 Park Ave.	New York, NY 10022
TREASURER	Ron Kravit	450 Park Ave.	New York, NY 10022
SECRETARY	Jeffrey B. Citrin	450 Park Ave.	New York, NY 10022
Director	Mark A. Ferrucci	450 Park Ave.	New York, NY 10022

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 61 T, 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)(f), 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: *Ron Kravit* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RON KRAVIT** Date 9/20/02 Daytime Phone # 978-717-7335

CT CORPORATION SYSTEM

CORPORATION(S) NAME

BCM/CHI Eden Roc Tenant, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

9/24/02

Order#: 5599725

Ref#: _____

Amount: \$ _____

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660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615