

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVAL  
AND  
FILED

DOCUMENT # F-0000005133

1. Corporation Name

BCM/CHI Eden Roc Tenant, Inc

03 OCT 14 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

2. Principal Office Address  
c/o Blackacre Capital Mgt, LLC

3. Mailing Office Address  
c/o Blackacre Capital Mgt, LLC

Suite, Apt. #, etc.  
299 Park Avenue Floor 21-23

Suite, Apt. #, etc.  
299 Park Avenue Floor 21-23

City & State  
New York, NY

City & State  
New York, NY

Zip  
10171

Country  
USA

Zip  
10171

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida Sept 13, 2000

5. FEI Number  
52-226-3261

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2003**

7. Name and Address of Current Registered Agent

Name CT Corp System 500023819405

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 10/15/03--01057--012 \*758.75

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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 *[Signature]* James A. Bordonaro  
REGISTERED AGENT MUST SIGN Assistant Secretary

Date 10/8/03

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
President	Ron Kravit	299 Park Avenue	New York, NY 10171
VP	Jeffrey B. Citrin	299 Park Avenue	New York, NY 10171
Treasurer	Ron Kravit	299 Park Avenue	New York, NY 10171
Secretary	Jeffrey B. Citrin	299 Park Avenue	New York, NY 10171
Director	Kenneth J. Uva	299 Park Avenue	New York, NY 10171

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/7/03

Daytime Phone # 978-522-7004

CR2E081 (10/02)