

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10f2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 SEP 15 PM 2:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # F0000005211

1. Corporation Name

BCM/CHI Eden Roc, Inc

299 Park Avenue 299 Park Avenue

2. Principal Office Address

299 Park Avenue

3. Mailing Office Address

299 Park Avenue

Suite, Apt. #, etc.

FI 21-23 c/o Blackacre Cap. Mgt

Suite, Apt. #, etc.

FI 21-23 c/o Blackacre Cap. Mgt

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 9/18/00

5. FEI Number 52-2263241

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CT Corporation

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

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 607.0506 or 617.0503, F.S.

Signature of Registered Agent

Handwritten signature of Lauren H. Kreatz

LAUREN H. KREATZ

REGISTERED AGENT / SPECIAL ASSISTANT SECRETARY

Date 9/15/04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Ronald Kravitz	299 Park Ave, FL 21-23	New York, NY 10171
VSD	Jeffrey Citrin	299 Park Ave, FL 21-23	New York, NY 10171
IO	Kenneth Uva	1209 Orange Street	Wilmington, DE 19801

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: Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/14/04

Date

9785227004

Daytime Phone #

2 of 2

Florida Department of State  
Division of Corporations  
Public Access System

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CORPORATION REINSTATEMENT

BCM/CHI EDEN ROC, INC.

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