
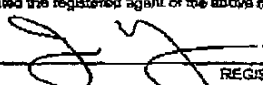
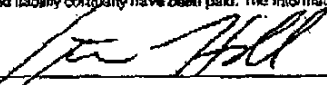


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2007 NOV 19 PM 4:29 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (1/99)	
DOCUMENT # F0600003740					
1. Limited Liability Company's Name <p style="text-align: center;"><i>5002 West Lakes Owner Corp.</i></p>					
2. Principal Office Address - No P.O. Box # <p style="text-align: center;"><i>1395 Brickell Avenue</i></p>		3. Mailing Office Address <p style="text-align: center;"><i>1395 Brickell Avenue</i></p>			
State, Apt. #, etc. <p style="text-align: center;"><i>680</i></p>		Suite, Apt. #, etc. <p style="text-align: center;"><i>680</i></p>		4. State/Country of Formation Delaware	
City & State <p style="text-align: center;"><i>Miami, FL</i></p>		City & State <p style="text-align: center;"><i>Miami, FL</i></p>		5. Date Organized or Qualified To Do Business in Florida <p style="text-align: center;"><i>05/25/06</i></p>	
Zip <p style="text-align: center;"><i>33131</i></p>	Country <p style="text-align: center;"><i>USA</i></p>	Zip <p style="text-align: center;"><i>33131</i></p>	Country <p style="text-align: center;"><i>USA</i></p>	6. FEI Number <p style="text-align: center;"><i>20-4758189</i></p>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <p style="text-align: center;"><i>Corporation Service Company</i></p>					
Street Address (P.O. Box Number is Not Acceptable) <p style="text-align: center;"><i>1201 Hays Street</i></p>					
Suite, Apt. #, Etc.					
City <p style="text-align: center;"><i>Tallahassee</i></p>		State <p style="text-align: center;"><i>FL</i></p>		Zip Code <p style="text-align: center;"><i>32301</i></p>	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent 		Name <p style="text-align: center;">Jeanine Reynolds</p>		Date <p style="text-align: center;"><i>11-19-07</i></p>	
		REGISTERED AGENT MUST SIGN as its agent			
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City/State/Zip	
<i>CPT</i>	<i>Andreas Limburg</i>	<i>Limmattgasse 26 Pflanzerei CH-8024</i>		<i>Zurich OC, Switzerland</i>	
<i>VPVC</i>	<i>Pierre Ratin</i>	<i>Suite 3C, Palace House 78 Jeremy Street</i>		<i>London, SW 1Y 6DN OC.</i>	
<i>D</i>	<i>Kevin Hockett</i>	<i>1231 Avenue of the Americas 29th Floor</i>		<i>New York, NY 10020</i>	
<i>S</i>	<i>John Oper</i>	<i>599 Lexington Avenue</i>		<i>New York, NY 10022</i>	
<i>Asst. Treasurer</i>	<i>Steven Hall</i>	<i>1395 Brickell Avenue 4680</i>		<i>Miami, FL 33131</i>	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager 		Date <p style="text-align: center;"><i>11-14-07</i></p>		Daytime Phone # <p style="text-align: center;"><i>305-379-9909</i></p>	
Typed or printed name of signing Managing Member/Manager <p style="text-align: center;"><i>Steven Hall</i></p>					

REINSTATEMENT

2007

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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CORPORATION REINSTATEMENT

5002 WEST WATERS OWNER CORP

Certificate of Status	0
Certified Copy	0
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