

Investor Questionnaire

This Investor Questionnaire is for use only in connection with the private offering of securities being made by ARKAD GROUP REAL ESTATE CORP. Nothing in this Investor Questionnaire constitutes or shall be deemed to constitute an offer to sell or the solicitation of an offer to purchase securities. Such an offer may be made only by means of other appropriate documentation and only to the person to whom such documentation is actually delivered by ARKAD's compliance officer.

ARKAD GROUP REAL ESTATE CORPORATION

111 Park Ave. 3rd Floor. Plainfield, NJ 07060

Investor Questionnaire

The purpose of this Investor Questionnaire is to determine whether you meet the standards for participation in a non-public offering of securities under Section 4(2) of the Securities Act of 1933, as amended ("Act"), and under the laws of the various States prior to the delivery of any documents. We do not use your confidential information for any purpose other than determining that you meet the definition of "Accredited Investor" or other subsidiary criteria as required by State and Federal law; however, each individual who completes and submits this Questionnaire thereby agrees that Arkad Group Corp. ("ARKAD") may present his responses to this Questionnaire to such parties as ARKAD CAPITAL MANAGEMENT, LP deems appropriate for verification in order to assure itself and future issuers that the subsequent offer and sale of securities will not result in a violation of the provisions of State or Federal securities laws. Please complete this form as thoroughly as possible and submit it. As instructed in the last page of this questionnaire. If the answer to any question is "None" or "Not Applicable", please so state. PLEASE, do not leave blanks.

A. GENERAL INFORMATION

Prospective Investor's Name:

Date of Birth:

Occupation/Position:

Residential Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

Email Address: _____

Type of Entity, if applicable:

Corporation Partnership LLC Trust Limited Partnership No Co.

Business Name: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

Jurisdiction of Organization (State): _____

The Subscriber's Taxpayer Identification/Social Security Number: _____

B. ACCREDITED INVESTOR STATUS

PLEASE INDICATE, BY INITIALING, WHICH OF THE FOLLOWING CATEGORIES ARE APPLICABLE TO THE SUBSCRIBER.

The Subscriber is:

- 1. _____ A natural person whose individual net worth, or joint net worth with that person's spouse, at the time of such person's purchase exceeds \$1,000,000, excluding the value of the person's primary residence. For purposes of this item, "net worth" means excess of total assets at fair market value over total liabilities.
- 2. _____ A natural person who had an individual income (not including that of such person's spouse) in excess of \$200,000 in the two preceding calendar years, or joint income with his or her spouse in excess of \$300,000 in each of those years, and who reasonably expects the same level of income in the current calendar year.
- 3. _____ A trust with total assets in excess of \$5,000,000, not formed for the specific purpose of acquiring the securities offered, whose purchase is directed by a person who has such knowledge and experience in business and financial matters that such person is capable of evaluating the risks and merits of the prospective investment.
- 4. _____ An entity in which all of the equity owners are "Accredited Investors" as such term is defined in Rule 501(a) of Regulation D promulgated under the Act.
- 5. _____ None of the above categories are applicable to Subscriber.

C. NON-ACCREDITED INVESTOR STATUS

If none of the above paragraphs apply and you did not therefore initial any of the paragraphs, you must provide the following additional information. Please initial any of the following which is applicable to you:

_____ The Subscriber has such knowledge and experience in financial, investment and business matters that he/she/it is capable of evaluating the merits and risks of the prospective investment in the securities.

Mark areas in which you have CONSIDERABLE knowledge or experience:

- _____ Investment in trust deeds or other mortgage paper
- _____ Practice of real estate or mortgage law
- _____ Mortgage lending
- _____ Real estate appraising
- _____ Ownership or operation of real estate investments (other than personal residence)
- _____ Management of any business or organization
- _____ Other business or investment knowledge or experience
- _____ The Subscriber has previously invested in securities that have not been registered under federal and/or state securities laws and understands the additional risks associated with this type of investment.

The types of investments that the investor has previously made include the following (please initial each one that applies):

- _____ Limited liability Co _____ Limited Partnership _____ REIT
- _____ Privately held company _____ Other, please describe _____

_____ The Subscriber acknowledges that it is recommended that he/she use a financial

advisor, planner, or consultant, or some other purchaser representative who has such knowledge and experience in financial and business matters to determine that the subscriber is capable of evaluating the merits and risks of any of the proposed investments.

D. REPRESENTATION OF RESIDENCE (FOR INDIVIDUAL SUBSCRIBERS ONLY)

To verify the residence of the Subscriber and to obtain a written representation from the Subscriber as to the Subscriber's legal residence, please complete the following:

- (a) I am a bona fide resident of the State of _____ and have been for _____ years.
- (b) Please indicate the State in which the person is registered to vote. _____
- (c) State in which the person holds a valid Driver's License. _____
- (d) Please indicate the State of residence that the person identifies on their personal income tax return. _____

E. SOURCE OF FUNDS FOR INVESTMENT

In the event that Subscriber makes an investment into the securities, what is the source of funds?

- | | |
|-----------------------------------|---------------------------------------------------|
| _____ Sale of other investment | _____ Individual Retirement Account (IRA/401k) |
| _____ Savings | _____ Line of Credit (Loan) |
| _____ Capital set for investments | _____ Line of Credit (Home Equity Line of Credit) |

F. ACKNOWLEDGMENT

THE FOLLOWING INFORMATION IS TO BE PROVIDED BY SUBSCRIBERS WHO ARE INDIVIDUALS. WITH RESPECT TO SUBSCRIBERS THAT ARE CORPORATIONS, PARTNERSHIPS, LIMITED LIABILITY COMPANIES, TRUSTS OR OTHER ENTITIES, THIS QUESTIONNAIRE SHOULD BE COMPLETED BY THE INDIVIDUAL AUTHORIZED TO MAKE THE INVESTMENT DECISION ON BEHALF OF SUCH SUBSCRIBER(S).

1. Do you understand that there is no guarantee of any financial return on this investment and that you run the risk of losing your entire investment?

Yes ____ No ____

2. Do you understand this investment strategy?

Yes ____ No ____

G. ADDITIONAL PROVISIONS:

SIGNATURES

I understand that the representations above are made for the purpose of qualifying me as an "Accredited Investor" as that term is defined by the Securities and Exchange Commission for the purpose of inducing a sale of securities to me. I hereby represent that the statement or statements initialed or marked above are true and correct in all respects and may be relied on in a determination by ARKAD GROUP CORP or its representative.

Name: _____

Signature: _____

Date: _____

E-Mail Address: _____

Daytime Phone Number: _____

Private FAX Number: _____

Note that one of the last items in the Investor Questionnaire is a request for your Email address. We sincerely appreciate your interest in Arkad Group Real Estate Corp. and we will promptly acknowledge receipt of your Investor Questionnaire via Email.

After reviewing your Investor Questionnaire we will determine whether we reasonably believe that you are an Accredited Investor or other suitable investor, and we have completed the required filings in your state, if any, we will then provide you a unique User ID and Password to you by Email or by phone or provide other access for you to evaluate the Private Placement Memorandum.

If after reviewing your Investor Questionnaire we cannot reasonably believe that you are an Accredited Investor or other suitable investor, or if we have not yet completed the required filings in your state, if any, we will so notify you promptly via Email.

Please FAX the completed Questionnaire to:

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Mario Camino
732-626=6336

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