

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC -3 AM 10:18

DOCUMENT # L00000008763

1. Limited Liability Company's Name

689 Glenridge, L.L.C.

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 -12/11/01--01004--008
 ****150.00 ****150.00

2. Principal Office Address
 2305 NW 107th Ave.

3. Mailing Office Address
 2305 NW 107th Ave.

Suite, Apt. #, etc.

City & State
 Miami, FL

Zip Country
 33172 USA

4. State/Country of Formation
 Florida, USA

5. Date Organized or Qualified To Do Business in Florida
 07/24/2000

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
 Carlos D. Corral
 Street Address (P.O. Box Number is Not Acceptable)
 2305 NW 107th Avenue
 Suite, Apt. #, Etc.
 City
 Miami

State Zip Code
 FL 33172

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 *[Signature]* Date 11-16-01
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Carlos D. Corral	2305 NW 107th Ave.	Miami, FL 33172

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REINSTATEMENT 2001

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 *[Signature]* Date 11-16-01 Daytime Phone# 305-773-0444

Typed or printed name of signing Managing Member/Manager

CR2E041 (8/01)