


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS NOV -5 PM 2:10	
DOCUMENT # L00000012282					
1. Limited Liability Company's Name Five Properties, LLC					
2. Principal Office Address 9555 SW 88th Street Suite, Apt. #, etc. Suite 201 City & State Miami, Florida Zip 33176		3. Mailing Office Address N/A Suite, Apt. #, etc. N/A City & State N/A Zip N/A		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 10/09/2000 6. FEI Number 65-1064944 Applied For Not Applicable	
Country USA		Country N/A		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 Richard F Kondla Street Address (P.O. Box Number is Not Acceptable) 9555 SW 88th Street Suite, Apt. #, Etc. Suite 201 City Miami,		State FL Zip Code 33176
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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 _____ Date 11/01/01 REGISTERED AGENT MUST SIGN	
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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
MGR	Five Properties, Inc.	9555-SW-88-Street, Ste 201	Miami, Florida 33176
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 _____ Victor Seijas, as President of Five Properties, Inc.	Date 11/01/01 Daytime Phone # (305)992-6313

CR2004 (9/00)