PLEASI	READ ALL NO RUCTONS REFORE C	ON LETING HIS FORM	8
IABILITY	FLORIDA DEPARTMENT OF STATE	FILED	

**COMPANY** REINSTATEMENT

1. Limited Liability Company's Name

DOCUMENT # 6 00000015888

Country

REAL ESTATE INVESTMENT GROUP LLC

Zip

Secretary of State

DIVISION OF CORPORATIONS

02 OCT -8 PM 1:29

SECRETARY OF STATE 300008290663--4 -10/09/02--01065--032 \*\*\*\*155.00 \*\*\*\*155.00

2. Principal Office Address 3. Mailing Office Address 1008 WEST FLAGLER STREET State/Country of Formation 1008 WEST FLAGLER STREET Suite, Apt. #, etc. Suite, Apt. #, etc. FLORIDA 5. Date Organized or Qualified SUITE 287 SUITE 287 To Do Business in Florida 12/21/00 City & State City & State 6. FEI Number Applied For MIAMI, FLORIDA MIAMI, FLORIDA 65-1068718 Not Applicable

\$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED X 33174 USA 33174 USA for a Certificate of Status 8. Name and Address of Current Registered Agent Name JORGE L. GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BOULEVARD Suite, Apt. #, Etc. SUITE 600 City State Zip Code CORAL GABLES 33134

9. I, being appointed to	egistered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608,	F.S.

Signature of Registered Agent

Zip

10. Names and Street Addresses of Managing Members/Managers

REGISTERED AGENT MUST SIGN

Name of Street Address of Each Titles City / State / Zip Managing Members/Managers Managing Member/Manager MGRM CORUJO, RODOLFO 1800 NW 24TH AVENUE MIAMI, FLORIDA 33125 APARTMENT 705

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.

Date 10/7/02 Daytime Phone # 786-299-2080

 $_{Date} 10/7/02$ 

Typed or printed name of signing Managing Member/Manager RODOLFO CORUJO

STF FL32476F.1