

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000018686
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 DEC -2 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018686
 Name and Mailing Address

0000213 01 FP 0.352 **PRSRT T1 0 0615 33131-282875
 GLASSWALL LLC
 701 BRICKELL AVE.
 SUITE 3150
 MIAMI FL 33131-2828

900008833649
 11/06/02--01107--005 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 701 BRICKELL AVE. SUITE 3150 MIAMI FL 33131		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 10/29/2001
		6. FEI Number 65-1148855	Applied For Not Applicable
		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 MURPHY, ARTHUR 701 BRICKELL AVE. SUITE 3150 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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: 10/29/02
 REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Ugo Colombo	701 Brickell Ave Suite 3150	Miami, Fla. 33131

12. 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: 10/29/02 Daytime Phone #: 305-372-0550
 Typed or printed name of signing Managing Member/Manager: Ugo Colombo

CR2E084 (8/02)