PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000002286

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
00 MAR -3 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002286

1. Limited Liability Company's Name
Community Housing Investment Fund, L.C.

2. Principal Office Address	3. Mailing Office Address
300 N.W. 12th Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33128 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 10-16-98

6. FEI Number: [ ] Applied For [ ] Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Sal Martorano

Street Address (P.O. Box Number is Not Acceptable): 300 N.W. 12 Avenue

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33128

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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: Sal Martorano Date: 2-25-00
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
MGR	Greater Miami Neighborhoods, Inc.	300 N.W. 12 Street	Miami, FL 33128

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FEIN Verified

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: Salvadore Martorano Date: 2-25-00 Daytime Phone # 305 324 0054 x113

Typed or printed name of signing Managing Member/Manager: SALVADORE MARTORANO SENIOR VICE PRESIDENT

CR2E041 (6/99)