

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M79360

FILED
96 DEC -2 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79360
1 Corporation Name
889 PROPERTIES, INC.

Mailing Address Principal Place of Business
c/o Citibank c/o Citibank
8750 Doral Blvd. 8750 Doral Blvd.
Miami, FL 33178 Miami, FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3 New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
4 Date Incorporated or Qualified To Do Business in Florida 5/4/88
5 FEI Number 65-0048880 Applied For Not Applicable
6 CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	(SEE ATTACHED LIST OF OFFIERS AND/OR DIRECTORS)		

8. Name and Address of Current Registered Agent
Richard M. Sassi
c/o Citibank
8750 Doral Blvd.
Miami, FL 33178

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Richard M Sassi Date 11/21/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: Richard M Sassi VP/Secretary 11/21/96 (305)599-5807
SIGNATURE AND TYPED OR PRINTED NAME OF DENING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/94)

STATE OF FLORIDA
APPLICATION FOR REINSTATEMENT

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7. Names and Street Addresses of Each Officer and/or Director

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
D/P	Carlos Palomares	8750 Doral Blvd.	Miami, Florida 33178
D/M/P/S	Richard M. Sassi	8750 Doral Blvd.	Miami, Florida 33178
D/CFO	Thomas F. Acton	8750 Doral Blvd.	Miami, Florida 33178
AS	Dale C. Lock	1 Sansome St., 27th Floor	San Francisco, CA 94104

Note: "AS" designates Assistant Secretary