

LOS000093014

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LIMITED LIABILITY REINSTATEMENT

JMG CONSULTING ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

J. BRYAN

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000093014			
1. Limited Liability Company's Name JMG CONSULTING ASSOCIATES, LLC			
2. Principal Office Address - No P.O. Box # <i>1666 Cloverdale Ave</i>		3. Mailing Office Address <i>1666 Cloverdale Ave</i>	
City & State <i>Highland Park IL</i>		City & State <i>Highland Park IL</i>	
Zip <i>60035</i>	Country <i>USA</i>	Zip <i>60035</i>	Country <i>USA</i>
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 08/21/2005			
6. FEI Number 20-3505579		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$300 Additional Fee Required Pursuant to Chapter 608, F.S.			
8. Name and Address of Current Registered Agent Name HOWARD W. GORDON, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVENUE Suite, Apt. #, Etc. 14TH FLOOR City MIAMI			
		State FL	Zip Code 33131
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 <i>[Signature]</i> Date <i>04/30/09</i> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	GORDON, JOSHUA M.	<i>1666 Cloverdale Ave</i>	<i>Highland Park, IL 60035</i>
REINSTATEMENT 2007-09			
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 <i>[Signature]</i>		Date <i>4/18/09</i>	Daytime Phone # <i>954-235-5826</i>
Typed or printed name of signing Managing Member/Manager JOSHUA M. GORDON			

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