

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L06000061000

1. Limited Liability Company's Name
JAC Equity Partners, LLC

2. Principal Office Address - No P.O. Box # 1500 San Remo Avenue		3. Mailing Office Address 1500 San Remo Avenue	
Suite, Apt. #, etc. Suite 248		Suite, Apt. #, etc. Suite 248	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146	Country USA	Zip 33146	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/14/2006	
6. FEI Number 20-5169588	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

Name
Bared & Associates, P., Pablo R. Bared, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue

Suite, Apt. #, Etc.
Suite 248

City
Coral Gables

State
FL

Zip Code
33146

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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
Pablo R. Bared Esq. REGISTERED AGENT MUST SIGN

Date
12/10/09

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	James M Cohen Trust	1500 San Remo Ave., Suite 248	Coral Gables, FL 33146

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12/21/09--01079--007 **238.75

REINSTATEMENT 09

11. E-mail Address: michi@baredlaw.com (To be used for future annual report notifications)

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
James M. Cohen Date 12/3/09 Daytime Phone # 305-666-6010

Typed or printed name of signing Managing Member/Manager
James M. Cohen Manager