


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:20

<b>DOCUMENT # L07000021370</b> 1. Entity Name QUALITY INTERNATIONAL JMA, LLC	
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Principal Place of Business <del>9831 NW 58 ST. STE #134 MIAMI FL 33178</del> <b>148 N.W. 60 AVE MIAMI FL. 33126</b>	Mailing Address <del>9831 NW 58 ST. STE #134 MIAMI FL 33178</del> <b>148 N.W. 60 AVE MIAMI FL. 33126</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>20-8410886</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
Zip	Country	Zip

01022009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent

REVOLLO, JACKELINE R  
~~9831 NW 58 ST. STE #134 MIAMI FL 33178~~ **148 N.W. 60 AVE. MIAMI, FL. 33126**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: See below (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2010, Fee will be \$377.50</b>	Make check payable to: <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JACKELINE R. REVOLLO</b> <input type="checkbox"/> Delete <b>148 N.W. 60 AVE</b> <b>MIAMI, FL. 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JACKELINE R. REVOLLO</b> <b>148 N.W. 60 AVE.</b> <b>MIAMI FL. 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100139697781</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>01/06/09--01018--012 **377.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. Revollo, President Date: 1/2/2009 Daytime Phone #: 305-807-9719

REINSTATEMENT 2008