

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000051134

1. Limited Liability Company's Name

J.S.D. INVESTMENTS, LLC

FILED
10 AUG 31 PM 3:27
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

6001849144
09/01/10--01001--002 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 6655 S.W. 106 STREET		3. Mailing Office Address 6655 S.W. 106 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33165	Country USA	Zip 33156	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 05/14/2007	
6. FEI Number 26-0171647	Applied For <input type="checkbox"/> 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 **TRESCOTT, DRUCKER & SCHOEN, P.L.**

Street Address (P.O. Box Number is Not Acceptable)
2605 PONCE DE LEON BOUAVARD

Suite, Apt. #, Etc.

City **CORAL GABLES** State **FL** Zip Code **33134**

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 _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

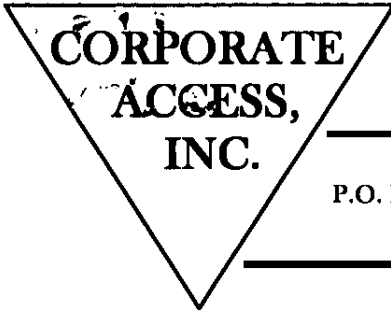
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ABRAHAMS, JASON	6655 SW 106 STREET	MIAMI, FL 33156
MGRM	RODENIZER, SCOTT	1240 CASTILE AVENUE	CORAL GABLES, FL 33134
MGRM	MANDALA, ANDREW	4420 PINE TREE DRIVE	MIAMI BEACH, FL 33140
			S. HAWKES
			REINSTATEMENT
			EXAMINER

11. E-mail Address: _____ (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 [Signature] Date 8/23/2010 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager ANDREW MANDALA



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 8-31-10

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Reinstatement _____

1. J.S.D. Investments, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

S. HAWKES

AUG 31 2010

EXAMINER