

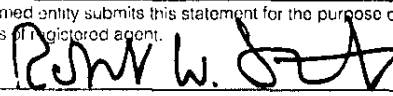
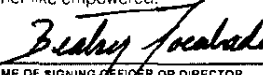


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 599682</b> 1. Entity Name <b>J.M. AND BROTHERS INC.</b>																													
Principal Place of Business <b>251 CRANDON BLVD 640 KEY BISCAVNE, FL 33149</b>			Mailing Address <b>251 CRANDON BLVD 640 KEY BISCAVNE, FL 33149</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address <b>18001 OLD CUTLER ROAD</b> Suite, Apt. #, etc. <b>600</b> City & State <b>Miami Florida</b> Zip <b>33157</b> Country <b>USA</b>		 <b>REINSTATEMENT 08-09</b> 04202009 REIN-P CR2E098 (4/07)																									
4. FEI Number <b>59-2246012</b>		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>STEWART, ROBERT W 1395 BRICKELL AVENUE SUITE 650 MIAMI, FL 33131</b>																									
7. Name and Address of New Registered Agent Name <b>Robert W. Stewart, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18001 Old Cutler Road, Ste. 600</b> City <b>Miami</b>				FL Zip Code <b>33157</b>																									
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 the registered agent. SIGNATURE:  <b>Robert W. Stewart</b> <span style="float: right;">4/20/2009</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$900.00</b>																													
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <b>Beatriz Rocabado</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/20/2009 <small>Date</small>																									