

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 DEC 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000004204 1. Limited Liability Company's Name JEMECART, L.L.C.			
2. Principal Office Address 5659 Via de la Plata Circle		3. Mailing Office Address 520 Brickell Key Drive	
Suits, Apt. #, etc.		Suits, Apt. #, etc. Suite 305	
City & State Delray Beach, Florida		City & State Miami, Florida	
Zip 33484	Country U.S.	Zip 33131	Country U.S.
4. State/Country of Formation Florida, U.S.		5. Date Organized or Qualified To Do Business in Florida 04/12/2000	
6. FEI Number		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> <small>\$5 fee additional fee required for expedited processing</small>			

8. Name and Address of Current Registered Agent			
Name TRANSGLOBAL CORPORATE ADMINISTRATION, INC.			
Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive		City, State, Zip Miami, FL 33131	
Suits, Apt. #, etc. Suite 305		State, Zip Code FL 33131	

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***150.00 ***150.00

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: [Signature] Date: 12/07/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARCELA-PICO	5659 Via de la Plata Circle	Delray Beach, FL 33484

REINSTATEMENT OK
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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 abated, 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: Marcela Pico Date: 12/7/01 Daytime Phone #: 561 6376492

Typed or printed name of signing Managing Member/Manager: Marcela Pico