

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 MAY 15 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05122006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L03000024411 1. Entity Name MJ EXPRESS, LLC					
Principal Place of Business 10706 SW 46TH STREET MIAMI, FL 33165 US			Mailing Address 9201 SW 101 AVENUE MIAMI, FL 33176 <div style="text-align: right; font-size: 2em; margin-top: 10px;">MK</div>		
2. Principal Place of Business 7731 SW 93 AVE Suite, Apt. #, etc.		3. Mailing Address 7731 SW 93 AVE Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33173		Country MIAMI Dade		Zip 33173	
Country MIAMI Dade		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL JR 9201 SW 101 AVENUE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7731 SW 93 AVE City MIAMI FL Zip Code 33173		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, MIGUEL JR 9201 SW 101 AVENUE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7731 SW 93 AVE MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANCIO, JESUS 10706 SW 46TH STREET MIAMI, FL 33165		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT 2005-2006</div>					
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: 05/12/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					