


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024964		
1. Entity Name JMAC HOLDINGS, LLC		

Principal Place of Business 17555 COLLINS AVENUE, #2604 SUNNY ISLES, FL 33160	Mailing Address 17555 COLLINS AVENUE, #2604 SUNNY ISLES, FL 33160
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2. Principal Place of Business 800 Fairway Drive, Suite, Apt. #, etc. Suite 370	3. Mailing Address (same as principal address) Suite, Apt. #, etc.
City & State Deerfield Beach, FL	City & State
Zip 33441	Country Broward



12202004 REIN-LLC CR2E101 (6/04)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RUBIN, JEFFERY B 17555 COLLINS AVENUE, #2604 SUNNY ISLES, FL 33160	7. Name and Address of New Registered Agent (address) Name Jeffrey B. Rubin Street Address (P.O. Box Number is Not Acceptable) 800 Fairway Drive, Suite 370 City Deerfield Beach FL Zip Code 33441
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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 Jeffrey B. Rubin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES (address chg)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeffrey B. Rubin, Manager

12-12-04 305-7885744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #