2006 LIMITED LIABILITY COMPANY REINSTATEMENT

06 JAN 24 AM 10: 24 **DOCUMENT # L04000024682** 1. Entity Name JPYM, L.L.C. Principal Place of Business Mailing Address 1570 EUCLID AVE, STE 1 1570 EUCLID AVE, STE 1 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address 16,11 SFGERAL 16 1/ S Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 REIN-LLC CR2E101 (11/05) Applied For City & State City & State BEAC 20-1000 776 Not Applicable DOMBAND \$5.00 Additional 5. Certificate of Status Desired 306 v Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. Street Address (P.O. Box Number is Not Acceptable) 888 SE THIRD AVE, STE 400 FORT LAUDERDALE, FL 33316 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITE F MEM BER ☐ Delete TITLE 1000 JEAN P. MURY ((i NAME NAME **100.00 STREET ADDRESS STREET ADDRESS 33062 DOMBANO BEACL CITY-ST-ZIP CITY-ST-ZIP TITLE CMBER. ☐ Delete TITLE NAME NAME YANN MURZICLI STREET ADDRESS STREET ADDRESS 16115 FCB HWY CITY-ST-ZIP 3306V CITY-ST-ZIP DANO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 000065287070 STREET ADDRESS STREET ADDRESS 02/06/06--01058--006 **100.00 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 roe 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 of the eccipy or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE