2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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~~ ~~MIAMI BEACH, FL 33139~~	~~1570 EUCLID AVE, STE 1~~ ~~MIAMI BEACH, FL 33139~~

01182006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
1611 S FEDERAL HWY	1611 S FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33062 Country: USA	Zip: 33062 Country: USA

4. FEI Number: 20-1000776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARRY J. BEHAR, P.A. 888 SE THIRD AVE, STE 400 FORT LAUDERDALE, FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MEMBER JOAN P. MURZILLI 1611 S FED HWY POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100065271931 02/02/06--01058--006 **100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER YANN MURZILLI 1611 S FED HWY POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05-06 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000065287071 02/06/06--01058--006 **100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 1/01/06 0608402645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #