

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000031116

1. Limited Liability Company's Name

JME Holdings LLC

2. Principal Office Address - No P.O. Box #

3100 SW 35th Place

Suite, Apt. #, etc.

8-F

City & State

Gamesville, FL

Zip
32608

Country
USA

3. Mailing Office Address

3100 SW 35th Place

Suite, Apt. #, etc.

8-F

City & State

Gamesville, FL

Zip
32608

Country
USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

4/23/04

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Joseph Loffredo

Street Address (P.O. Box Number is Not Acceptable)

3100 SW 35th Place

Suite, Apt. #, Etc.

8-F

City

Gamesville

State

FL

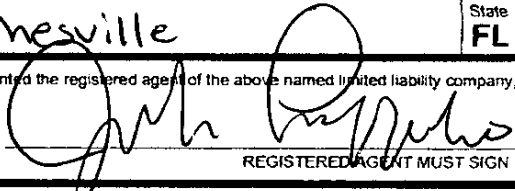
Zip Code

32608

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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



REGISTERED AGENT MUST SIGN

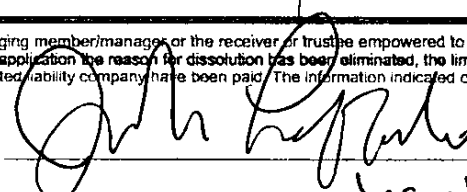
Date 3/8/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	JOSEPH LOFFREDO MGRM	3100 SW 35th Pl Apt. 8-F	Gamesville, FL 32608
MR.	MICHAEL LOFFREDO MGRM	3100 SW 35th Pl. Apt. 8	Gamesville, FL 32608
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REINSTATEMENT 05-07			

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 eliminated, 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



Date 3/8/07

Daytime Phone# (407) 256-9328

Typed or printed name of signing Managing Member/Manager

Joseph Loffredo