

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000081623

Entity Name: SKYMAX HOME INVESTORS LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

7450 N. OAKMONT DR
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 170652
HIALEAH, FL 330170652

New Mailing Address:

7450 N. OAKMONT DR
MIAMI, FL 33015 US

FEI Number: 59-3787854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ORTEGA, BREDEL
7450 N.OAKMONT DR
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BREDEL ORTEGA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORTEGA, BREDEL
Address: PO BOX 170652
City-St-Zip: MIAMI, FL 33017 US

Title: MGRM () Delete
Name: CORREDEIRA, MAYELIN
Address: PO BOX 170652
City-St-Zip: MIAMI, FL 33017 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORTEGA, BREDEL
Address: 7450 N.OAKMONT DR.
City-St-Zip: MIAMI, FL 33015 US

Title: MGRM (X) Change () Addition
Name: CORREDEIRA, MAYELIN
Address: 7450 N.OAKMONT DR.
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BREDEL ORTEGA

MGR

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date