

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000081623

FILED
Jan 29, 2009
Secretary of State

Entity Name: SKYMAX HOME INVESTORS LLC

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