2007 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Namy JMF SKY Principal Place 3137 NE 163 NORTH MIAM	e of Business 3 STREET II BEACH, FL 33160 lace of Business - No P.O. Box # nnaker Ct	Mailing Address 3137 NE 163 STREET NORTH MIAMI BEACH, FL 3. Mailing Address 4 Spinnaker Suite, Apt. #, etc.		07 OCT SECRE TALLAH/	FILED -9 PH 2: 12 SSEE, FLORIDA CR2E101 (1/07)	
City & State	alonga, NY	City & State Fort Salonga	NV	4. FEI Number 30-46 APPLIED FOR	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	d S5.00 Additional	
11768	USA 6. Name and Address of Current R	11768 egistered Agent	USA	7. Name and Address of Ne	Fee Required W Registered Agent	
M. DANIEL HUGHES, P.A. 3000 N. FEDERAL HIGHWAY #2 SOUTH #200 FT. LAUDERDALE, FL 33306 City 8. The above named entity submits this statement for the purpose of changing its registered office				ADMENNE MAIDENBAUM, ESO Idress (P.O. Box Number is Not Acceptable) DITE 350 BLLYWOOD FL 33021		
the obligations of registered agent/ ADRIENNE MAIDENSAUM 10/2/57						
SIGNATURE .	Signal o, typed printed name of registered agent an		Registered Agent signature rec		10/2/07 DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				,	fake check payable to rida Department of State	
9.	MANAGING MEMBER	S/MANAGERS	10.	ADDITIO	NS/CHANGES	
TITLE NAME	MGRM FRITCH, MAUREEN	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	4 SPINAKER COURT		STREET ADORESS CITY-ST-ZIP	600110 10/03/07010	0233836 134015 **150.00	
CITY-ST-ZIP	FORT SALONGA, NY 11768 MGRM	Delete	TITLE	10,00,01 010	Change Addition	
NAME	WOLF, NATALIA	Delete	NAME			
STREET ADDRESS CITY-ST-ZIP	3137 NE 163 STREET NORTH MIAMI BEACH, FL 33160)	STREET ADDRESS CITY-ST-ZIP			
THTLE	MGRM	☐ Delale	TITLE	-	☐ Change ☐ Addition	
NAME STREET ADDRESS	BRON, IGOR 105 WEST 27 STREET 4 FLOOR		NAME CAREAL ADDRESS			
CITY-ST-ZIP	100 1100 / 01 01110011		■ STREET MOUNESS			
	NEW YORK, NY 10001		STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	NEW YORK, NY 10001	☐ Delete	CITY-ST-ZIP TITLE		Change Addition	
TITLE NAME STREET ADDRESS	NEW YORK, NY 10001	☐ Delcie	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME Street Address	NEW YORK, NY 10001	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EINSTATE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEW YORK, NY 10001		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	EINSTATE		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NEW YORK, NY 10001	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EINSTATE	MEN Grange Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Hereby	certify that the information supplied with ton this report is true and accurate and tability company or the receiver or trustee	☐ Delete ☐ Delete ☐ Delete this filling does not qualify for the my signature shall have the	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP	ed in Chapter 119, Florida Statutes if made under path: that I am a ma	Change Addition	