

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000019312 1. Entity Name JACKSON 40 INVESTMENTS LLC			
Principal Place of Business 13255 SW 135 AVENUE MIAMI, FL 33186		Mailing Address 13255 SW 135 AVENUE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 831472 Suite, Apt. #, etc.	
City & State Zip		City & State MIAMI, FL Zip 33283-1472	
Country		Country	
4. FEI Number Applied for		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VINAS, YALENNIE 13255 SW 135 AVENUE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Marielena Reyes-Vinas Street Address (P.O. Box Number is Not Acceptable) 10140 SW 605T MIAMI, FL 33173 City MIAMI, FL Zip Code 33173	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$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		DATE	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME VINAS, YALENNIE STREET ADDRESS 13255 SW 135 AVENUE CITY-ST-ZIP MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE president NAME REYES-VINAS, MARIELENA STREET ADDRESS 10140 SW 605T CITY-ST-ZIP MIAMI FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date		Daytime Phone #	

FILED
 07 DEC 14 PM 3:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BRK



12122007 REIN-LLC CR2E101 (1/07)

REINSTATEMENT 2007