PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	OMPANY Secretary of State				FILED 2007 DEC 31 PM 4: 17		
DOCUMENT # L-0000004832 1. Limited Liability Company's Name YMJ INVESTMENTS LLC					SECRETARY OF STATE TALLAHASSEE, FLORIDA L. SELLERS JAN 42008		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State		etc. VDO, FLORIDA Country		CR2E041 (1/07) 4. State/Country of Facility AVIIII FLORIDA / U.S.A 5. Date Organized or Qualified To Do Business in Florida DINE 27, 2006 6. FEI Number 86 - 1173857 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
Name Name MICHAEL NEMEC Street Address (P.O. Box Number is Not Acceptable) 5603 SOMERSBY A Suite, Apt. #, Etc. City WINDERMERE	State Zip Code FL 34786			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 12/27/2007							
10. Names and Street Addresses of Managing Members/Managers							
Titles Name of Managing Members/Manage	Name of Managing Members/Managers		Street Address of Each Managing Member/Manag			. City / State / Zip	
YANICK DUMESLE OPERATING MANAGER		10735 EMERALD C			HASE DR ORLANDO, FL 32836		
	MICHAEL NEMEC VICE-OPERATING MANAGER			SOMERSBY	AD. WINDERMERE, FL34786		
MICHAEL NEMEC SECRETARY				SOMERSB	YRD.	WINDERME	RE, FL 34786
MICHAEL NEMEC TREASURER				OMERSBY	RD.	WINDERMER	E, FL34786
REINSTAT	ENT 2007			01/03/0801032820 **150.00 01/03/0801032820 **150.00 01/03/0801032820 **150.00			
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 Larich Dumesle Date 12/27/2001 Daytime Phone # 407/288-4635							
Typed or printed name of signing Managing Member/Manager YANICK DUMESLE							