

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000021370

1. Entity Name  
QUALITY INTERNATIONAL JMA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:20

Principal Place of Business  
~~9831 NW 58 ST.~~ 148 N.W. 60 AVE  
STE #134 MIAMI FL 33178 33126  
Mailing Address  
~~9831 NW 58 ST.~~ 148 N.W. 60 AVE  
STE #134 MIAMI FL 33178 33126

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01022009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-8410886  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
REVOLLO, JACKELINE R  
~~9831 NW 58 ST.~~ 148 N.W. 60 AVE.  
STE #134 MIAMI, FL 33178 33126

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 See below  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2010, Fee will be \$377.50  
Make check payable to:  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
JACKELINE R. REVOLLO 148 N.W. 60 AVE MIAMI, FL 33126  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete

10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DIRECTOR JACKELINE R. REVOLLO 148 N.W. 60 AVE MIAMI FL 33126  
Change Addition  
100139697781  
01/06/09--01018--012 \*\*377.50  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
REINSTATEMENT 2008

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: President 1/2/2009 305-807-9719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #