

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000038996

FILED
Oct 28, 2009
Secretary of State

Entity Name: JMK PROPERTY DEVELOPMENT LLC

Current Principal Place of Business:

2750 NE 185 ST #302
GATEWAY CENTER
AVENTURA, FL 33180

New Principal Place of Business:

19920 NORTHEAST 22 AVENUE
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

2750 NE 185 ST #302
GATEWAY CENTER
AVENTURA, FL 33180

New Mailing Address:

19920 NORTHEAST 22 AVENUE
NORTH MIAMI BEACH, FL 33180

FEI Number: **FEI Number Applied For (X)** **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:

FOX, DANIEL ESQ
2750 NE 185 ST #302
GATEWAY CENTER
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

KAPLAN, JASON ESQ
19920 NORTHEAST 22 AVENUE
NORTH MIAMI BEACH, FL 33180 US

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: JASON KAPLAN

10/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAPLAN, JASON
Address: 1528 BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAPLAN, JASON
Address: 150 EAST 49TH STREET, APT. 4D
City-St-Zip: NEW YORK, NY 10017

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: JASON KAPLAN

MGRM

10/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date