
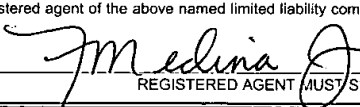



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L99000004418</b>			
1. Limited Liability Company's Name <b>JPM PROPERTIES, LLC</b>			
2. Principal Office Address <b>5204 S.W. 87<sup>th</sup> Ave.</b>		3. Mailing Office Address <b>970 S.W. 68<sup>th</sup> Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>COOPER CITY, FL</b>		City & State <b>PLANTATION, FL</b>	
Zip <b>33328</b>	Country	Zip <b>33317</b>	Country
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida <b>July 21, 1999</b>			
6. FEI Number <b>59-3589500</b>		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name <b>Medina, Pedro Jr.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>900004762579-4</b>			
Suite, Apt. #, Etc. <b>970 S.W. 68<sup>th</sup> Ave.</b>			
City <b>PLANTATION</b>		State <b>FL</b>	Zip Code <b>33317</b>
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 		Date <b>12/21/01</b>	
REGISTERED AGENT (MUST SIGN)			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Medina, Pedro Jr.	5204 S.W. 87 <sup>th</sup> Ave	Cooper City, FL 33328
MGRM	Medina, Joel	5204 S.W. 87 <sup>th</sup> Ave	Cooper City, FL 33328
MGRM	Medina, Pedro	5204 S.W. 87 <sup>th</sup> Ave	Cooper City, FL 33328
MGRM	Medina, Migdalia	5204 S.W. 87 <sup>th</sup> Ave.	Cooper City, FL 33328
REINSTATEMENT			
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 		Date <b>12/21/01</b> Daytime Phone # <b>954-661-7542</b>	
Typed or printed name of signing Managing Member/Manager <b>Pedro Medina Jr.</b>			

FILED

01 DEC 24 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (9/01)