
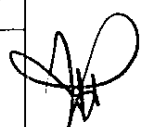

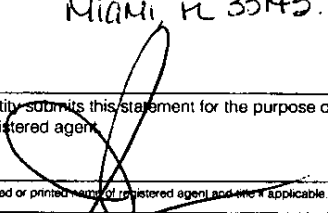
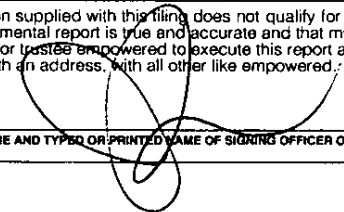


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000051037 1. Entity Name J.A.C. FINANCIAL INVESTMENT CORP.				FILED 07 DEC -7 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 2665 SW 37 AVE #1606 MIAMI, FL 33133		Mailing Address 2665 SW 37 AVE #1606 MIAMI, FL 33133																											
2. Principal Place of Business - No P.O. Box # 6001 SW 60 Ave		3. Mailing Address 6001 SW 60 Ave																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		REINSTATEMENT 2007																									
City & State Miami, FL		City & State Miami, FL		4. FEI Number 55-0893298																									
Zip 33143		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COLLAZO, JOSE ALBERTO 2665 SW 37 AVE #1606 MIAMI, FL 33133			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:  (NOTE: Registered Agent signature required when reinstating) DATE:																													
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLLAZO, JOSE ALBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2665 SW 37 AVE #1606</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33133</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	COLLAZO, JOSE ALBERTO		STREET ADDRESS	2665 SW 37 AVE #1606		CITY-ST-ZIP	MIAMI, FL 33133		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">200112951422</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>12/07/07--01051--013</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>**150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	200112951422	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	12/07/07--01051--013		STREET ADDRESS	**150.00		CITY-ST-ZIP		
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: 			12/4/07 786-879-6507 Date Daytime Phone #																										