PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY							10 OCT
DOCUMENT # L06000056504 1. Limited Liability Company's Name							S PA .
Pearl City Associates, LLC						1 px	CR2E041 (05/10)
2. Principal Office Addr 5800 NW 74th	3. Mailing Office Address P.O. Box 1030				4 State/Cour		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 05/26/06		
City & State Coconut Cre	City & State O'Fallon, MO				6. FEI Numbe	er Applied For	
^{Zip} 33073	Country	Zip 63366	Country		364597772 Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent							
Name James N. Gordon							
Street Address (P.O. Box Number is Not Acceptable) 5800 NW 74th Place						1	
Suite, Apt. #, Etc					700186306197 10/05/1001025024 **238.75		
City State Zip Code Coconut Creek FL 33073							. 10 01000 02, 44000.10
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
REGISTERED AGENT MUST SIGN 10. Narries and Street Agoresses of Managing Members/Managers							
10. Names and Street	Nome of			Street Address of Each Managing Member/Manager			City / State / Zip
MGRM JTS Holding Company of Florida, LLC			5800 NW 74th Place			-	Coconut Creek FL 33073
	5800 NW 74th Place				Coconut Creek FL 33073		
!				211 N Stadium Blvd, 201			
MGRM Stanley E. Kroenke							Columbia, MO 65203
				315 Woodlawn Suite 7			O'Fallon, MO 63366
REINSTATEMENT					201	U	
11. E-mail Address, simpsonjohnt@yahoo.com (To be used for future annual report notifications)							
12. 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 peid. 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 (6 / 1 - 10 Daytime Phone # 828-280-6036							
Typed or printed name of signing Managing Member/Manager John T. Simpson							