

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~LIMITED LIABILITY~~
~~COMPANY~~
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -5 AM 10:45

DOCUMENT # J23139

1. Limited Liability Company's Name

JRS MANAGEMENT COMPANY, INC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 608 S. TYNDALL PARKWAY		3. Mailing Office Address 608 S TYNDALL PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PANAMA CITY, FLORIDA		City & State PANAMA CITY, FLORIDA	
Zip 32404	Country USA	Zip 32404	Country USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 07/09/1986

6. FEI Number
59-2707392

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status
\$8.75

8. Name and Address of Current Registered Agent

Name
SHIELA BOND

Street Address (P.O. Box Number is Not Acceptable)

608 S Tyndall Parkway

Suite, Apt. #, Etc.

City
PANAMA CITY,

State
FL

Zip Code
32404

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Shiela Bond

REGISTERED AGENT MUST SIGN

Date 10/20/08

10. Names and Street Addresses of ~~Managing Members/Managers~~ Officers/Directors

Titles	Name of Managing Member/Manager Officers/Directors	Street Address of Each Managing Member/Manager	City / State / Zip
P	RUPP STEVEN N.	1250 24TH STREET NW. SUITE 300	WASHINGTON DC 20037

100142487921
10/31/08--01004--002 **4085.00
REINSTATEMENT
w/o/p 07-08
FF \$300
CUS 8.75

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

Steven N. Rupp

Date 10/20/08

Daytime Phone #

850-913-0534

Typed or printed name of signing ~~Managing Member/Manager~~ Officer/Director

STEVEN N. RUPP