


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014316

1. Limited Liability Company's Name

JCS LLC

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

Collier, FL

5. Date Organized or Qualified To Do Business in Florida

Nov 14, 2000

6. FEI Number

59-3716856

Applied For

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

Jeannette Rohn Showalter

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

1976 Countess Court

Suite, Apt. #, Etc.

Naples FL 34110

City

State

FL

Zip Code

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

JCRohn Showalter

REGISTERED AGENT MUST SIGN

Date

Dec 28 '01

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
<u>Pres</u>	<u>Jeannette C Rohn Showalter</u>	<u>1976 Countess Ct</u>	<u>Naples 34110</u>

600004762226--5

01/09/02--01034--015

\*\*\*\*155.00 \*\*\*\*155.00

**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

Jeannette C Rohn Showalter

Daytime Phone #

941-591-1847

Typed or printed name of signing Managing Member/Manager