PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -8 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008166

1. Limited Liability Company's Name
JSR Belize, LLC

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2. Principal Office Address		3. Mailing Office Address	
554 National Drive		554 National Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Maryville, Tennessee		Maryville, Tennessee	
Zip	Country	Zip	Country
37804	USA	37804	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 05/23/2001

6. FEI Number 14-1848898 ☐ 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
Jeff M. Novatt, Esq.

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03/15/04--01068--002 **200.00

Street Address (P.O. Box Number is Not Acceptable)
821 Fifth Avenue South

Suite, Apt. #, Etc.
Suite 201

City	State	Zip Code
Naples	FL	34102

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 03/08/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Woods, Jim L.	554 National Drive	Maryville, Tennessee 37804
MGRM	Woods, Sherree P.	554 National Drive	Maryville, Tennessee 37804
MGRM	Battle, Rosemary S.	554 National Drive	Maryville, Tennessee 37804
		REINSTATEMENT	2003-2004

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 03/08/04 Daytime Phone # 865-970-2050

Typed or printed name of signing Managing Member/Manager Jim L. Woods, Managing Member