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 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017364

1. Limited Liability Company's Name
JSH Marco, 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: Maryville, Tennessee	City & State: Maryville, Tennessee
Zip: 37804 Country: USA	Zip: 37804 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 10/10/2001

6. FEI Number: 58-2655131 ☐ 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.

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

100030426037
03/15/04--01068--003 **35.00

Suite, Apt. #, Etc.: Suite 201

City: Naples State: FL Zip Code: 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	Huesing, James R.	7452 Jager Court	Cincinnati, Ohio 45230
	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