PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 MAR 15 AM 9: 07
DOCUMENT # LOIDOOO22450 1. Limited Liability Company's Name JKG COMMUNICATIONS, LLC	SECAETARY OF STATE TALLAHASSEE.FLORIDA
2. Principal Office Address 1000 CLINT Mook for Suite, Apt. #, etc. Suite, Apt. #, etc.	300031290193 03/26/0401088007 **850.00 4. State/Country of Formation FLORIDA
SVITE 20 City & State	Date Organized or Qualified To Do Business in Florida
BOCA RATON +L Zip Country 33487 USA Country	7. SEPTIFICATE OF STATUS DESIDED 55.00 Additional Fee required
8. Name and Address of Current Register	for a Certificate of Status
Name BRUCE GITTLIN Street Address (P.O. Box Number is Not Acceptable) 1000 CHNT MOOKE RD. Suite, Apt. #, Etc. STE ZO	
BOCA RATON	State Zip Code FL 33487
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	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Mana	ger City / State / Zip
MGR BRUCE GITTLIN 1000 CLINT MOD SUITE 201	BOCA RATON, FLORIDA 33487
	204
	1000
11.71 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 Daytime Phone # P 7	
Typed or printed name of signing Managing Member/Manager BRUCE GITTLIN	