

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
REINSTATEMENT  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**L02000002176**

FILED

03 DEC 17 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002176

1. Limited Liability Company's Name

JS, LLC

2. Principal Office Address

1905 7<sup>th</sup> Street W

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

34221

Country

Manatee

3. Mailing Office Address

1905 7<sup>th</sup> Street W

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip

34221

Country

Manatee

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

12/28/2001

6. FEI Number

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

Gerald J. Snyder

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

1905 7<sup>th</sup> Street W

Suite, Apt. #, Etc.

City

Palmetto

800025563658

12/17/03-01066-002 \*\*150.00

State

FL

Zip Code

34221

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/12/03

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	Gerald J. Snyder	1905 7 <sup>th</sup> Street W	Palmetto, FL 34221
			M THOMAS

REINSTATEMENT

2003

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

*[Signature]*

Date 12/12/03

Daytime Phone # (941) 721-4017

Typed or printed name of signing Managing Member/Manager

Gerald J. Snyder

CR2041 (9/01)