PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 OCT 15 A 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004790

1. Limited Liability Company's Name

JS Enterprises, L.L.C.

2. Principal Office Address	3. Mailing Office Address
6050 Blue Grass Drive	6050 Blue Grass Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 2/28/02

6. FEI Number: None — Applied For: ☐ Not Applicable: X

7. CERTIFICATE OF STATUS DESIRED: ☒ [illegible]

8. Name and Address of Current Registered Agent

Name: Steven Robert Kozlowski, Esq.
Street Address (P.O. Box Number is Not Acceptable): 927 Lincoln Rd., #118
Suite, Apt. #, Etc.: 118
City: Miami Beach 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 _____ Date 10/13/04
REGISTERED AGENT MUST SIGN

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	Jeffrey Sanker	6050 Blue Grass Drive	Boynton Beach, FL 33437

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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 Aug 30, 04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Jeffrey Sanker