Jan-09-2004 04:39p From-DAVID WILLIAMS LAW FIRM,P.A 305-57[illegible] T-137 P.002/002 F-005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04000030204

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1003-2004

DOCUMENT #

1. Limited Liability Company's Name

JSS Restaurant Ventures, LLC

2. Principal Office Address	3. Mailing Office Address
300 International Pkwy	300 International Pkwy
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Heathrow, FL	City & State: Heathrow, FL
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/12/02

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: Agents and Corporations, Inc.

Street Address (P.O. Box Number is Not Acceptable): Suite E, 773 4th Avenue North

Suite, Apt. #, Etc.:

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: [signature] Date: 1/9/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN. MGR.	Christopher M. Swartz	300 Int'l Pkwy - Ste 100	Heathrow FL 32746

JB 1-12-04

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 608.508, F.S., and that all fees owed by the limited liability company have been paid. This 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: 1/9/04 Daytime Phone #: 407-393-8998 ext. 118

Typed or printed name of signing Managing Member/Manager: Christopher M. Swartz

CR2E041 (10/03)

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

LIMITED LIABILITY REINSTATEMENT

JSS RESTAURANT VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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