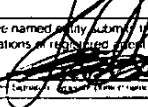
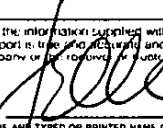


FILED

2005 AUG 22 PM 4:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA2005 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L03000003383			
1. Entity Name JCS CONSULTING, LLC			
Principal Place of Business 22 WINDWARD ISLE PALM BEACH GARDENS, FL 33418		Mailing Address 22 WINDWARD ISLE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 161 BENT TREE DR		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33418		Country USA	
4. FEI Number 13-4230494		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMBY, LOUIS L III ESQ 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 334-80		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		LOUIS L. HAMBY 8/12/05 (NOTE: Registered Agent signature required upon reinstatement)	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR CALIA, JOHN EDWARD 22 WINDWARD ISLE PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	600059175826 08/31/05--01028--018 *\$205.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR SUZANNE CALIA SAME ADDRESS ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
REINSTATEMENT 2004-05			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the person or persons authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE 		JOHN E. CALIA 8/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Name: _____	