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2005 AUG 22 PM 4:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000003383

1. Entity Name
JCS CONSULTING, LLC

Principal Place of Business	Mailing Address
22 WINDWARD ISLE PALM BEACH GARDENS, FL 33418	22 WINDWARD ISLE PALM BEACH GARDENS, FL 33418

08092005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
161 BENT TREE DR	SAME
Suite, Apt # etc.	Suite, Apt. #, etc
City & State: PALM BEACH GARDENS, FL	City & State
Zip: 33418 Country: USA	Zip / Country

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	7. Name and Address of New Registered Agent
HAMBY, LOUIS L III ESQ 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL FL334-80	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this 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 [signature] LOUIS L. HAMBY 8/17/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CALIA, JOHN EDWARD 22 WINDWARD ISLE PALM BEACH GARDENS, FL 33418	☐ Delete
TITLE MGR / NAME / STREET ADDRESS / CITY-ST-ZIP	SUZANNE CALIA SAME ADDRESS	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600059175826 08/31/05--01028--018 **205.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] JOHN E. CALIA 8/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #