

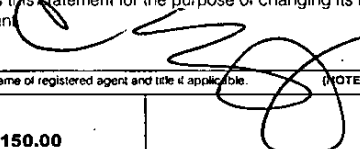
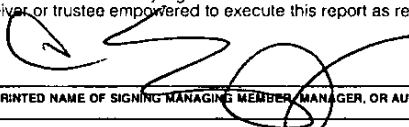


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 13 AM 10:34

DOCUMENT # L03000004420					
1. Entity Name JSCW, LLC					
Principal Place of Business 14600 BALD EAGLE DRIVE FORT MYERS, FL 33912			Mailing Address 14600 BALD EAGLE DRIVE FORT MYERS, FL 33912		
2. Principal Place of Business 12611 Arbuckle Ct		3. Mailing Address 12611 Arbuckle Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12152005 REIN-LLC CR2E101 (6/04)	
City & State N. Ft. Myers FL		City & State N. Ft. Myers FL		4. FEI Number 54-2098721	
Zip 33903		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1520 ROYAL PALM SQUARE BOULEVARD STE. 320 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Charles P. Springer Street Address (P.O. Box Number is Not Acceptable) 12611 Arbuckle Ct City N. Ft. Myers FL Zip Code 33903	
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  DATE 1/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 SPRINGER, CHARLES P 14600 BALD EAGLE DRIVE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Springer, Charles P 12611 Arbuckle Ct N. Ft. Myers FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRINGER, JENNIFER 14600 BALD EAGLE DRIVE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Springer, Jennifer A 12611 Arbuckle Ct N. Ft. Myers FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400064625154 01/27/06--01006--006 **205.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date 1/9/06 Daytime Phone # 239-656-6776	