PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 18 AM 8:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000006861

1. Limited Liability Company's Name
JCR Partners LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10350 W Bay Harbor Dr	
Suite, Apt. #, etc.: 4D	Suite, Apt. #, etc.: SAME
City & State: Bay Harbor Islands, Fl	City & State:
Zip: 33154 Country: USA	Zip: Country:

4. State/Country of Formation: FL
5. Date Organized or Qualified To Do Business in Florida: 9/2004
6. FEI Number: 20-1490740 ☐ 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: Jonathan C. Reynolds
Street Address (P.O. Box Number is Not Acceptable): 10350 W. Bay Harbor Dr
Suite, Apt. #, Etc.: 4D
City: Bay Harbor Islands State: FL Zip Code: 33154

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: J C Reynolds REGISTERED AGENT MUST SIGN Date: 07/17/07

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
MGR	Jonathan C. Reynolds	10350 W Bay Harbor Dr #4D	Bay Harbor Islands, Fl 33154

REINSTATEMENT 05-07 Must

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: J C Reynolds Date: 07/17/07 Daytime Phone#: 305 864 7385

Typed or printed name of signing Managing Member/Manager: Jonathan C. Reynolds

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Florida Department of State
Division of Corporations
Public Access System

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

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

LIMITED LIABILITY REINSTATEMENT

JCR PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$250.00

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