L03000012596

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 28 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000012596

1. Limited Liability Company's Name

JCJ ASTON PARTNERS, LLC

04

2. Principal Office Address	3. Mailing Office Address
125 WELLS ROAD	125 WELLS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH, FL	City & State: PALM BEACH, FL
Zip: 33480 Country: U.S.	Zip: 33480 Country: U.S.

4. State/Country of Formation: FLORIDA/UNITED STATES

5. Date Organized or Qualified To Do Business in Florida: 04/08/2003

6. FEI Number: 73-1725721 ☐ 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: UNITED CORPORATE SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 9200 SOUTH DADELAND BOULEVARD

Suite, Apt. #, Etc.: SUITE 508

City: MIAMI State: FL Zip Code: 33156

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], Pres. Date: 1/26/05

MICHAEL A. BARR - PRES REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	JACK SCHLEIFER	125 WELLS ROAD	PALM BEACH, FL 33480

REINSTATEMENT 2004-2005

900045895049
02/03/05--01008--002 **100.00

900045895049
02/03/05--01008--003 **130.00

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: [signature] Date: 1/25/05 Daytime Phone #: (212) 404-6988

Typed or printed name of signing Managing Member/Manager: JACK SCHLEIFER