2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUI 1. Entity Name JT PRESS					FIL		10				
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Principal Place 10795 LAS C JACKSONVILL	OLINAS WA	Y	Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address 10795 LAS COLINAS Way								
Suite, Apt. #, etc.			Suite, Apt. #, etc. Jacksonville, FC			03122007	REIN-LLC	CR2E1	l01 (1/0 7))	
City & State			City & State			4. FEI Numb	er ED FOR		ļ	pplied For ot Applicable	
Zíp	p Country		Zip 32222	Сочп	^{try} 454			e of Status Desired	THE F	\$5.00 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		Name -	-		d Address of New I	Registered A	gent	
SCHNEIDE			JOHN 1. HYRES								
	ORT RD.	BLDG 100	·· -		Street Address (P.O. Box N			Box Number is Not Acceptable) LAS COLINOS WOY			
JACKOON	VIEWE, 1 6	. 32230								,	
					City	Soc	Ksonoi	ile	FL	Zip Coc	de 2772.
8. The above named entity submit 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.											
3-12-07											
SIGNATURE .	Signature, typet	of printed parts of industered agent	and title if applicable. (MOT	E: Register	ed Agent signs	dure requir	red when reinstaling		DATE		
In accordance with s 607 193(2)(b) F.S. the limited Make check payable to											
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State										te	
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES		
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CITY-ST-ZIP					r-st-zip			~ n 1/1/10 (72)	w.sv	U D	6-07
TITLE			☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS				NAA STR	AE EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP	<u></u>	 				
11. I hereby a indicated	certify that the	ne information supplied with ort is true and accorrate and	n this filing does not qualify for I that my signature shall have	or the exe the sam	emptions co re legal effe	ontained ct as if r	in Chapter 119 nade under oa	9, Florida Statutes. I th; that I am a mans	further certify aging membe	that the interior	formation ger of the
indicated on this report is true and acquirate and that my signature shall have the same legal effect as it 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: JOHN TYPED OR PRINTED MANE OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylors Photo #											
	SKIRATURE	MED TYPED OR PRINTED HISME (F STUTING BLANKSING MEMBER, W	WAUCK, D	K AU INUROZE	r KETMEBI	CHIAIIVE	Date	U.	ayaning children #	