PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000029776

1 Limited Liability Company's Name

JSR Enterprises, LLC

300334167333
09/05/19--01008--042 **857.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
105 Fairfield St	600 Lake Forest Rd
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Oldsmar, FL	Clearwater, FL
Zip / Country	Zip / Country
34677 / USA	33765 / USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 04/14/2004

6 FEI Number: 01-0815817 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

FILED
19 SEP -5 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. **Name and Address of Current Registered Agent**

Name: Jennifer H. Reiter

Street Address (P.O. Box Number is Not Acceptable) Suite:
600 Lake Forest Rd

Apt. #, Etc

City: Clearwater | State: FL | Zip Code: 33765

9 I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jennifer H. Reiter (REGISTERED AGENT MUST SIGN) Date: 9-1-19

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	John S Reiter III	600 Lake Forest Rd	Clearwater, FL 33765

SEP 1 8 2019

11 E-mail Address: jkh2070@gmail.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Jennifer H. Reiter Date: 9-1-19 Daytime Phone #: 727-793-5712

Typed or printed name of signing authorized representative/member: Jennifer H. Reiter