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From:
Account Name : CORPORATION SERVICE COMPANY
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LIMITED LIABILITY REINSTATEMENT

JSK INVESTMENTS, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000094106

1. Limited Liability Company's Name

JSK INVESTMENTS, LLC.

CR3E041 (1/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18145 Long Lake Drive	18145 Long Lake Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton	City & State: Boca Raton
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 12/29/2004

6. FEI Number: 20-2085344 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent

Name: Andrew K. Fein, Esq.

Street Address (P.O. Box Number is Not Acceptable): 980 N. Federal Highway,

Suite, Apt. #, Etc.: Suite #412

City: Boca Raton State: FL Zip Code: 33432

[X] 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: [signature] Date: 9-30-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Gary B. Kranz	18145 Long Lake Drive	Boca Raton, FL 33496
	REINSTATEMENT 08-09		

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 the filing of this reinstatement application the reason for dissolution has been eliminated, the limited liability company name complies the requirements of section 608.508, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the 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: 9/30/09 Daytime Phone # 561-445-9377

Typed or printed name of signing Managing Member/Manager: Gary B. Kranz