2006 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT			FILEU
DOCUMENT # L05000077317			SECRETARY OF STATE DIVISION OF CORPORATIONS
1. Entity Name JCT COMPANIES, L.L.C.			A CURPORATIONS
JOT COMPANIES, E.E.C.			06 DEC 12 AM 9: 19
Principal Place of Business	Mailing Address		
510 EAST ZARAGOZA STREET	17724 JEFFERSON RIDG		M
PENSACOLA, FL 32502	BATON ROUGE, LA 708	17 US	
2. Principal Place of Business	3. Mailing Address	asi-11 Com	
Suite Ant Hoste	21110 101	PKEY CHEE	KDE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		11292006 REIN-LLC CR2E101 (11/05)
City & State	BATON LOUG	EILA	4. FEI Number Applied For 20-3451935 Not Applicat
Zip Country	zin 0817	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent
SMITH, G. THOMAS			
510 EAST ZARAGOZA STREET PENSACOLA, FL 32502		Street Addres	ss (P.O. Box Number is Not Acceptable)
	Λ.	City	FL Zip Code
8. The above named entire submits this litatem	ent for the purpose of changing its re	egistered office or reais	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	XIMATA		
SIGNATURE Signature, typed or printed name of registered	a agent and title if applicable. (NOTE:	Registered Agent signature re-	12-1-06 pulired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00			Make check payable to
After January 1, 2007, Fee will be \$20	00.00		Florida Department of State
	EMBERS/MANAGERS	10.	ADDITIONS/CHANGES
NAME THORNTON, J. COLLIER	☐ Delete	TITLE NAME	SAME CPEEK DR Change Additi
STREET ADDRESS 17724 JEFFERSON RIDGE	DRIVE	STREET ADDRESS 2	LIGIOTUPKEY CHEEK DIC
CITY-ST-ZIP BATON ROUGE, LA 70817			BATON FOOSE, LA 70817
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CITY-ST-ZIP		CITY-ST-ZIP	MEMOR OF THE PROPERTY OF THE P
TITLE	☐ Delete	TITLE	☐ Change ☐ Addit
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
limited liability company or the receiver or trustee employeered to effecute this report as required by Chapter 608, Florida Statutes.			
12-1-06			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			