


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **LD6 000032246**

1. Limited Liability Company's Name

J-SQUARED INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

1738 CALOOSA ESTATES CT

Suite, Apt. #, etc.

City & State

LABELLE, FL

Zip

33935

Country

USA

3. Mailing Office Address

P.O. Box 285

Suite, Apt. #, etc.

City & State

LABELLE FL

Zip

33975

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4957005

☒ 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

JOHN C. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

1738 CALOOSA ESTATES CT

Suite, Apt. #, Etc.

City

LABELLE

State

FL

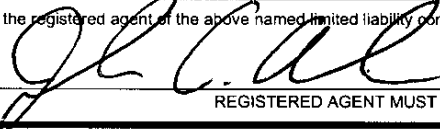
Zip Code

33975

☒ 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



REGISTERED AGENT MUST SIGN

Date **11/12/07**

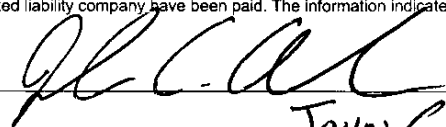
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOHN C. ANDERSON	1738 CALOOSA ESTATES CT LABELLE, FL 33935	LABELLE, FL 33975
MGRM	JOHN C. SMITH	755 CALOOSA ESTATES DR LABELLE, FL 33935	LABELLE, FL 33975
			100112953171
			12/10/07--01003--009 **50.00

REINSTATEMENT

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



Date **11/12/07**

Daytime Phone # **863-673-1985**

Typed or printed name of signing Managing Member/Manager

JOHN C. ANDERSON