PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -5 PM 4:15

CR2E041 (05/10)

DOCUMENT # L06000056504

1. Limited Liability Company's Name

Pearl City Associates, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5800 NW 74th Place		P.O. Box 1030	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coconut Creek		City & State: O'Fallon, MO	
Zip: 33073	Country: USA	Zip: 63366	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/26/06

6. FEI Number: 364597772 ☐ 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: James N. Gordon

Street Address (P.O. Box Number is Not Acceptable): 5800 NW 74th Place

Suite, Apt. #, Etc

City: Coconut Creek | State: FL | Zip Code: 33073

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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 _____ Date 10/1/10

REGISTERED AGENT MUST SIGN

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	JTS Holding Company of Florida, LLC	5800 NW 74th Place	Coconut Creek FL 33073
MGRM	Gordon Property Company XXXI, LLC	5800 NW 74th Place	Coconut Creek FL 33073
MGRM	Stanley E. Kroenke	211 N Stadium Blvd, 201	Columbia, MO 65203
MGRM	Midwest Diversified Management Corp.	315 Woodlawn Suite 7	O'Fallon, MO 63366
		REINSTATEMENT 2010	

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

12. 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 10-1-10 Daytime Phone # 828-280-6036

Typed or printed name of signing Managing Member/Manager John T. Simpson