PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 SEP 22 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/22/09--01031--012 **1032.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L06000095074

1. Limited Liability Company's Name

JSII, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1150 Cleveland Street		1150 Cleveland Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Clearwater, Florida		Clearwater, Florida	
Zip	Country	Zip	Country
33755	USA	33755	USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida 09/27/06

6. FEI Number ☐ 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
Baxter, Strohauer, Mannion & Silbermann, P.A.
Street Address (P.O. Box Number Is Not Acceptable)
1150 Cleveland Street
Suite, Apt. #, Etc.
Suite 300
City: Clearwater | State: FL | Zip Code: 33755

☐ 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 Elizabeth R. Mannion Date 9/3/09
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	JOHN STARK II	Nature Coast Landing Lot 128 10173 N. Suncoast Blvd.	Crystal River FL 34428
MGRM	LILLIAN E. STARK	4780 Cove Circle N. #311	Madiera Beach FL 33708
			S. HAWKES
	REINSTATEMENT		SEP 2 3 2009
	2007-09	$16.25	EXAMINER

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 Lillian E Stark Date 9-11-09 Daytime Phone # 727 214 7072

Typed or printed name of signing Managing Member/Manager LILLIAN E. STARK