

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000096056

FILED
Oct 26, 2007
Secretary of State

Entity Name: JNS CAPITAL PARTNERS LLC

Current Principal Place of Business:

8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8201 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD. INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN MCKEOWN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: NEGRIS, VAN C
Address: 8201 PETERS ROAD - SUITE 1000
City-St-Zip: PLANTATION, FL 33324

Title: MRS. () Change (X) Addition
Name: TERRERO, LEXI
Address: 8201 PETERS ROAD - SUITE 1000
City-St-Zip: PLANTATION, FL 33324

Title: MR. () Change (X) Addition
Name: WALKER, FERALL
Address: 8201 PETERS ROAD - SUITE 1000
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VAN NEGRIS

MR.

10/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date