

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000114158

1. Limited Liability Company's Name

JTS Holding Company, LLC

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

5800 NW 74th Place

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Office Address

PO Box 1030

Suite, Apt. #, etc.

City & State

O'Fallon, MO

Zip

63366

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/27/06

6. FEI Number

161782477

☐ 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 T. Simpson

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

5800 NW 74th Place

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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

10-1-10

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
MGR	John T. Simpson	5800 NW 74th Place	Coconut Creek, FL 33073

REINSTATEMENT

2010

11. E-mail Address: **simpsonjohn1@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**

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

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