

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000111917

1. Limited Liability Company's Name

JCS Investment Management Company, LLC
D/B/A ONE Investment Management

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

2038 NE 36th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2038 NE 36th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

2/04/2008

6. FEI Number

26-1496689

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

Joseph Scarfone

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

2038 NE 36th Street

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

☒ 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

5/7/10

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
MGRM	Joseph Scarfone	2038 NE 36th Street	Lighthouse Point, FL 33064

REINSTATEMENT 2008-10-284

11. E-mail Address: Joseph@oneinvestmentone.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

Daytime Phone #

(561) 945-7772

Typed or printed name of signing Managing Member/Manager

Joseph Scarfone