
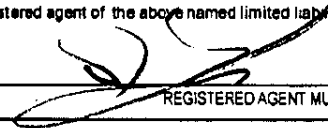
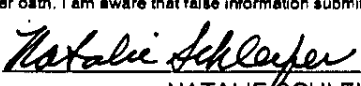


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 15 DEC 31 PM 1:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L08000038489					
1. Limited Liability Company's Name JPS COASTAL LLC					
2. Principal Office Address - No P.O. Box # 33 SE 5TH STREET Suite, Apt. #, etc. SUITE 100 City & State BOCA RATON, FL Zip 33432		3. Mailing Office Address 1 LINCOLN PLAZA Suite, Apt. #, etc. APT. 21D City & State NYC, NY Zip 10023		Country US	
4. State/Country of Formation FLORIDA					
5. Date Organized or Qualified To Do Business in Florida 04/16/2008					
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable					
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status					
8. Name and Address of Current Registered Agent Name ALLISON, DONALD M Street Address (P.O. Box Number is Not Acceptable) Suite, 33 SE 5TH STREET Apt. #, Etc. SUITE 100 City BOCA RATON State FL Zip Code 33432					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 1.4.2016 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	JACK P. SCHLEIFER	1 LINCOLN PLAZA, APT. 21D		NYC, NY 10023	
11. E-mail Address: jpschleifer@yahoo.com (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member  Date 12/28/15 Daytime Phone # 917 816 3265					
Typed or printed name of signing authorized representative/member NATALIE SCHLEIFER					

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