

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 18 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 298000000791

1. Limited Liability Company's Name

JCN OF THE PALM BEACHES, L.C.

CR2E041 (1/07)

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

625 PILOT ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

JCN

Suite, Apt. #, etc.

City & State

NO. PALM BEACH, FL

City & State

Zip

33408

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

6/12/98

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

JAMES B. HUTCHISON

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

625 PILOT ROAD

Suite, Apt. #, Etc.

City

NO. PALM BEACH,

State

FL

Zip Code

33408

☒ 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

JAMES B. HUTCHISON

REGISTERED AGENT MUST SIGN

Date

5/8/07

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
MEM	JAMES B. HUTCHISON	625 PILOT RD	NO. PALM BEACH, FL 33408

000103285810
05/25/07--01015--025 **305.00

REINSTATEMENT

02-07

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

JAMES B. HUTCHISON

Date

5/8/07

Daytime Phone #

561-872-9292

Typed or printed name of signing Managing Member/Manager

JAMES B. HUTCHISON