APR-30-2003 WED 02:28 PM FAX NO. P. 02

L99000002669

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAY -5 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L99000002669

1. Limited Liability Company's Name
JD Sky Systems, LLC

2. Principal Office Address	**3.** Mailing Office Address
7635 Alister Mackenzie Drive	~~Drive~~ 5824 Bee Ridge Rd. #281
Suite, Apt. #, etc.	Suite, Apt. #, etc. ~~same as principal~~
City & State: Sarasota, FL	City & State: SARASOTA, FL.
Zip 34240 / Country USA	Zip 34240 / Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/7/99

6. FEI Number: 65-0919633 ☐ 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: ~~Martin J. Frey~~ Kim Winsey Frey

Street Address (P.O. Box Number is Not Acceptable): 7635 Alister Mackenzie Drive

Suite, Apt. #, Etc.

100018010??
05/05/03--01105--002 **200.00

City: Sarasota State: FL Zip Code: 34240

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 [signature] REGISTERED AGENT MUST SIGN Date 4/30/03

CR2E041 (10/02)

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	Martin J. Frey, MGRM	7635 Alister Mackenzie DR	Sarasota, FL 34240
MGR	Kim Winsey Frey, PA	7635 Alister Mackenzie DR	Sarasota, FL 34240

REINSTATEMENT 05-03 dcc

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 [signature] Date 4/30/03 Daytime Phone# 1-941-~~365-0433~~ 350-3503

Typed or printed name of signing Managing Member/Manager: Kim Winsey Frey