PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -2 AM 9:31

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000002198

1. Limited Liability Company's Name
JS TOURING,LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
404 FISHER LN	404 FISHER LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH,FL	City & State: DELRAY BEACH,FL
Zip: 33483 Country:	Zip: 33483 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 08/20/2002

6. FEI Number: 43-1941448 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

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: Jay Kelley REGISTERED AGENT MUST SIGN Date: 10/21/05

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
PRESIDENT	KEVIN DOCHTERMANN	404 FISHER LN	DELRAY BEACH,FL,33483
		100061111561 11/02/05--01030--002 **200.00	
		REINSTATEMENT 04-05	

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 608.408, 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: 10/21/05 Daytime Phone #: 314 308-3938

Typed or printed name of signing Managing Member/Manager