

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 MAY 15 PM 4:11

DOCUMENT # M04000001827

1. Limited Liability Company's Name

JSP CHASE OAKS OWNER, LLC

CR2E041 (12/07)

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

500 WASHINGTON ST

Suite, Apt. #, etc.

SUITE 700

City & State

SAN FRANCISCO, CA

Zip

94111

Country

USA

3. Mailing Office Address

500 WASHINGTON ST

Suite, Apt. #, etc.

SUITE 700

City & State

SAN FRANCISCO, CA

Zip

94111

Country

USA

4. State/Country of Formation

NEVADA

5. Date Organized or Qualified  
To Do Business in Florida

9-16-05

6. FEI Number

20-1102956

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

NRAI Services, Inc.

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

2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.

City

Weston,

State

FL

Zip Code

33331

☐ 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

Paul J. Hagan, Assistant Secretary

Date 5/6/2008

REGISTERED AGENT MUST SIGN

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
MEMBER	THOMAS COATES	500 WASHINGTON ST #700	SAN FRANCISCO, CA 94111
MEMBER	CURTIS GARDNER	500 WASHINGTON ST, #700	SAN FRANCISCO, CA 94111
MEMBER	JAPAN OWNER, LLC	1225 W 190TH ST SUITE 200	GARDENA, CA 90248-4305

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

Date 4-14-08

Daytime Phone # 415-273-2100

Typed or printed name of signing Managing Member/Manager

CURTIS GARDNER