


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED STATE AND SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 10 NOV 15 PM 4:35	
<b>DOCUMENT # M08000002247</b> 1. Limited Liability Company's Name <b>JSSI HOLDINGS, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>180 N. Stetson Avenue</b> Suite, Apt. #, etc. <b>29th Floor</b> City & State <b>Chicago, IL</b> Zip <b>60601</b>		3. Mailing Office Address <b>180 N. Stetson Avenue</b> Suite, Apt. #, etc. <b>29th Floor</b> City & State <b>Chicago, IL</b> Zip <b>60601</b>		4. State/Country of Formation <b>Delaware</b> 5. Date Organized or Qualified To Do Business in Florida <b>5/13/2008</b> 6. FEI Number <b>26-1867325</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent Name <b>CorpDirect Agents Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 East Park Avenue</b> Suite, Apt. #, Etc. City <b>Tallahassee</b>					
				<b>100187793391</b> <b>11/16/10--01001--010 **238.75</b>	
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 <u><i>Michelle Holt</i></u> Date <u>11/15/2010</u> 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	
MGRM	1848 JSSI ACQUISITION LLC	1221 Brickell Avenue, Suite 2660		Miami, Florida 33131	
<b>REINSTATEMENT 2010</b>					
11. E-mail Address: <u>russo@1848capital.com</u> (To be used for future annual report notifications)					
12. 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 <u><i>Joseph DaGrosa</i></u>		Date <u>11/15/10</u>		Daytime Phone # <u>(786) 662-3688</u>	
Typed or printed name of signing Managing Member/Manager <u>Joseph DaGrosa, Jr., Manager</u>					