
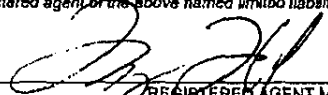
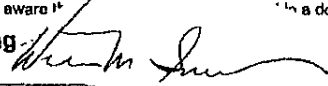


M08000004799

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M08000004799			
1. Limited Liability Company's Name Jack Rogers, LLC 2010			
2. Principal Office Address - No P.O. Box # 155 Fifth Avenue Suite, Apt. #, etc. 6th Floor City & State New York, NY Zip 10010 Country USA		3. Mailing Office Address 155 Fifth Avenue Suite, Apt. #, etc. 6th Floor City & State New York, NY Zip 10010 Country USA	
4. State/Country of Formation Delaware/USA		5. Date Organized or Qualified To Do Business in Florida 10/30/2008	
6. FEI Number 26-3614075		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		E-mail Address: 800215500688 rbarnett@jackrogersusa.com (To be used for future annual report notices)	
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  Troy Todd as its agent Date 12/21/2011 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	Jack Rogers Holding Company, llc	598 Madison Avenue	New York, NY 10022
REINSTATEMENT 2010-2011			
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. I am aware it is a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager  Date 12/21/11 Daytime Phone # 212 871 6070 Typed or printed name of signing Managing Member/Manager Bill Smith, Managing Member of Jack Rogers Holding Company, LLC			

FILED STATE
SECRETARY OF CORPORATIONS
11 DEC 22 PM 3:15

CR2E041 (1/11)



CORPORATION SERVICE COMPANY

M08000004799

ACCOUNT NO. : I20000000195

REFERENCE : 032685 4300426

AUTHORIZATION

[Signature]

COST LIMIT : \$ 382.50

ORDER DATE : December 20, 2011

ORDER TIME : 3:26 PM

ORDER NO. : 032685-015

CUSTOMER NO: 4300426

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 22 PM 3 15

REINSTATEMENT

NAME: JACK ROGERS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS

[Signature]