

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

JSG MANAGEMENT SERVICES LLC

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33324

Country

USA

3. Mailing Office Address

1200 South Pine Island Road

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33324

Country

USA

4. State/Country of Formation

Illinois

5. Date Organized or Qualified  
To Do Business in Florida

12/28/2012

6. FEI Number

26-4270850

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

CT Corporation System

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

1200 S Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

900253085959

10/22/13--01011--016 \*\*238.75

jfilaeski@jsgnc.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

James M. Halpin

Assistant Secretary

Date 10/11/13

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
Mgr.	Louis W. Bertone	1200 South Pine Island Road	Plantation FL 33324
Mgr.	Dale W. Slater	1200 South Pine Island Road	Plantation FL 33324
	OCT 3 2 2013	REINSTATEMENT	2013
	L. SELLERS		

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 that false information submitted in 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 10/11/13

Daytime Phone # 630.655.3500

Typed or printed name of signing Managing Member/Manager Dale W. Slater