Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000247739 3)))

H100002477393ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: 000409.136425
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

JSS HOLDINGS, INC.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$750.00**

Electronic Filing Menu Corporate Filing Menu Help

H10000247739 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 NOV 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 15 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000090723

1. Corporation Name
JSS HOLDINGS, INC.

REINSTATEMENT

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
180 N. Stetson Avenue	180 N. Stetson Avenue
Suite, Apt. #, etc.: 29th Floor	Suite, Apt. #, etc.: 29th Floor
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60601 Country: USA	Zip: 60601 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 8/13/2007

5. FEI Number: 26-1870086 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 11/15/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DS	Joseph DaGrosa, Jr.	1221 Brickell Avenue, Suite 2660	Miami, FL 33131
DP	Robert H. Book	1 Parker Plaza, 15th Floor	Fort Lee, NJ 07024
		$ 11/15	

10. E-mail Address: rrusso@1848capital.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Joseph DaGrosa, Jr., Director

SIGNATURE: [signature] 11/15/10 (786) 662-3688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H10000247739 3