PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUL 23 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000032227

1. Limited Liability Company's Name
J.P. Equities, LLC

REINSTATEMENT PREPARED 07-13

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
104 HARBOURMASTER COURT	104 HARBOURMASTER COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH, FL	City & State: PONTE VEDRA BEACH, FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/20/2006

6. FEI Number: 20-2612978 — X Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required

8. Name and Address of Current Registered Agent

Name: Paul D. Sandler
Street Address (P.O. Box Number is Not Acceptable): 3 Arbor Club Drive
Suite, Apt. #, Etc.: Unit 317
City: Point Verde Beach State: FL Zip Code: 32082

E-mail Address:
900250048329
07/23/13--01025--010 **1101.25
djohnson@pierceatwood.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: Paul D Sandler Date: 7/20/2013
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	ROBERT FREESE	104 HARBOURMASTER COURT	PONTE VEDRA BEACH, FL 32082

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: [signature] Date: June 28 2013 Daytime Phone #: 800-232-8323

Typed or printed name of signing Managing Member/Manager: ROBERT FREESE