PLEASE READ	ALL INSTRUCTIONS BEFORE	MPZETING THIS FORM.
LIMITED LAB LIT	ELEVADEPARTMENT (STATE Secretary of State	
REINSTATEMENT	DIVISION OF CORPORATIONS	03 DEC 12 AM 10: 43
DOCUMENT # M 000000 105 U		SECHETARY OF STATE TALBAHASSEE FLORIDA
Jumping Spring	LLC	
2. Principal Office Address	3. Mailing Office Address	700025453937
2600 E Commerce Bly	-	4. State/Country of Formation 13 - UZD ##15U.UU
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida
City & State Ft Loud cado k F1	City & State	6. FEI Number Applied For Not Applicable
33308 Brund	Zip Country	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City For2+La-dadalc Fl 33316 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 BEGISTERED AGENT MUST SIGN		
Signature of Registered Agent RE	Date 12107103	
10. Names and Street Addresses of Managing Mem	bers/Managers	
Titles Name of Managing Members/Manage	Street Address of Eac rs Managing Member/Mana	iger City / State / Zip
maz Sheidon Liebowit	2 a 600 E Connec	12 2370 Ft Le-derd. 1 F1 33308
	REI	12191
£		STATEMENT 208
filing this reinstatement application the reason for o	dissolution has been eliminated, the limited liability comp been paid. The information indicated on this application	ication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect H 103 Daytime Phone # 474-791-751

Typed or printed name of signing Managing Member/Manager _