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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

17 SEP 13 AM 9:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

600303490826

DOCUMENT # M12000005257

1. Limited Liability Company's Name JYP Center, LLC

2. Principal Office Address - No P.O. Box # 1717 McKinney Ave.

Suite, Apt. #, etc. 1900

City & State Dallas, TX

Zip Country 75202 USA

3. Mailing Office Address 1717 McKinney Ave.

Suite, Apt. #, etc. 1900

City & State Dallas, TX

Zip Country 75202 USA

CR2E04: (1/14)

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida 09/19/2012

6. FEI Number 65-1162348 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 Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable) Suite 1201 Hays Street

Apt. #, Etc.

City State Zip Code Tallahassee FL 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Melissa Zender Date 9/13/17 REGISTERED AGENT MUST SIGN Asst. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGR, John Killian, 1717 McKinney Ave. Suite 1900, Dallas, TX, 75202

11. E-mail Address: theresa.buscher@clarionpartners.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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 authorized representative/member John Killian Date 9/8/17 Daytime Phone 214-647-4900

K. ASHTON

20372

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 812987 7227391  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 377.50

ORDER DATE : September 12, 2017  
ORDER TIME : 9:58 AM  
ORDER NO. : 812987-005  
CUSTOMER NO: 7227391

REINSTATEMENT

NAME: JYP CENTER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XXX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

2017 SEP 13 PM 2:56

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS \_\_\_\_\_