


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>
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FILED
16 JAN 28 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14000007470

1. Limited Liability Company's Name

IGUANA INVESTMENTS FLORIDA, LLC

2. Principal Office Address - No P.O. Box #
ONE EVERBANK FIELD DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32202

Country
US

3. Mailing Office Address
ONE EVERBANK FIELD DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32202

Country
US

CR2E041 (1/14)

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified
To Do Business in Florida 10/15/2014

6. FEI Number
47-1631129

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 SERVICE COMPANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLHASSEE

State
FL

Zip Code
32301

000281529320

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

M. Zender

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date 1/28/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
S	MEGHA PAREKH	ONE EVERBANK FIELD DRIVE	JACKSONVILLE, FL 32202
			JAN 28 2015
			R. HUNT

REINSTATEMENT

11. E-mail Address: parekhn@nfl.jaguars.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

Megha Parekh

Date 2/1/16

Daytime Phone #

908-692-9655

Typed or printed name of signing authorized representative/member

MEGHA PAREKH

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

ACCOUNT NO. : I20000000195

REFERENCE : 965556 7639396

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : January 20, 2016

ORDER TIME : 11:43 AM

ORDER NO. : 965556-030

CUSTOMER NO: 7639396

RECEIVED
16 JAN 28 PM 2:20
NOT IN PROCEEDING
TO AGENCY OF FILING
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: IGUANA INVESTMENTS FLORIDA,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS

JAN 28 2016

R. HUNT