PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REEL .

| PARTNERSHIP REINSTATEMENT LIMITED FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations | | | | 13 APR -2 AM 9 51 | | | | |
|--|---------------|--|-------------|-------------------|--|--------------|--|--|
| DOCUMENT # A1000000324 1. Name of Limited Partnership | | | | | | | | |
| Westdale Sundance, Ltd. | | | | | | | e e e e e e e e e e e e e e e e e e e | |
| 2. Principal Office Address - No P.O. Box # 3100 Monticello Ave. | | 3. Mailling Office Address 3100 Monticello Ave. | | | CR2E038 | 9 (1/11) | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 600 | | | 4. Date Formed or Registered 06/08/2010 To Do Business in Florida 06/08/2010 | | | |
| City & State Dallas, TX | | City & State Dallas, TX | | | 5. FEI Number 27-28456 | | Applied For | |
| ^{Zip} 75205 | Country US | 2 5205 | ŰŠ | | 6. CERTIFICATE OF STATUS DESIRED | \$8.75 | Additional Fee required Certificate of Status | |
| 8. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 200 South Pine Island Road | | | | | 7. FEES: Filling Fee(s); \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. | | | |
| Suite, Apt. #, Etc. | | | | | E-mail Address: | | | |
| Plantation | | FL 33324 | | | E-Mail address to be used for future ennual report notices. | | | |
| 9. Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) | | | | | | | | |
| ASSIDENT ASS | | | | | | | | |
| 10. Name(s) of Ganeral Partner(s) | | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | | VE ** | City, State and Zip Code | 10a. | Registration Document Number | |
| JGB Ventures I, Ltd. | | 3100 Monticello Ave., Ste Da | | Dall | las, TX 75205 | B9900 | 00000154 | |
| REINSTATEMENT | | | | | 8002456 03/12/1301023- | 216: -005 | 98 **2000.00 | |
| | | | 'APR - 2 20 | 13 | | | | |
| | | | R. HUN | | | | | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | | | | |
| 11. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes, I release the Division of Corporations from any Bability of non-compliance with Chapter 119, FS. in the event that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. If stricter certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes, I some warp that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, FS. | | | | | | | | |
| SIGNATURE DATE 3 7 13 | | | | | | | | |

Typed or Printed Name of General Partner Signing Form