PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 APR -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000000144

1. Corporation Name

# Jonesboro Investments Corp.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 7160 Chagrin Road | | 7160 Chagrin Road | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 250 | | Suite 250 | |
| City & State | | City & State | |
| Chagrin Falls, Ohio | | Chagrin Falls, Ohio | |
| Zip | Country | Zip | Country |
| 44023 | USA | 44023 | USA |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
January 6, 2009

5. FEI Number
341920482

Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
B&C Corporate Services of Central Florida

Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue

Suite, Apt. #, etc.
Suite 1400

| City | State | Zip Code |
|---|---|---|
| Orlando | FL | 32801 |

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 4.3.15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PC | Timothy M. Morgan | 7160 Chagrin Road, Suite 250 | Chagrin Falls, Ohio 44023 |
| | | | |
| | | | |
| | | | |
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10. E-mail Address: registeredagent@broadandcassel.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: Timothy M. Morgan 4/3/15 (440) 247-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #