CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001962

1. Corporation Name
JGB HOLDINGS, INC.

W01000024977

REINSTATEMENT 0001

2. Principal Office Address	3. Mailing Office Address
3300 COMMERCE	3300 COMMERCE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DALLAS TX	City & State: DALLAS TX
Zip: 75226 Country: USA	Zip: 75226 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 4/13/99

5. FEI Number: 133752000 ☐ 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: C T CORPORATION SYSTEM

400004669934--4
11/07/01--01004--005
****908.75 ****908.75

Street Address (P.O. Box Number Is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

LS

City: PLANTATION State: FL Zip Code: 33324

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: X [signature] Tem Atteberry Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10-26-01

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
CPTV	JOSEPH G BEARD	3300 COMMERCE	DALLAS TX 75226
S	KEN CARLSON	3300 COMMERCE	DALLAS TX 75226

10. I certify that I am an officer or director of 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X [signature] Ken Carlson — 10-25-01 — 214-515-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #