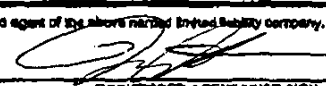
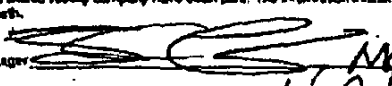


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000001227			
1. Limited Liability Company's Name The JPC Company, LLC			
2. Principal Office Address 6586 University Blvd. P.O. Box 4787		3. Mailing Office Address P.O. Box 1063	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32793-4787	Country USA	Zip 32793-4787	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 1/8/2002	
6. FE Number 11-3716546		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐			

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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8. Name and Address of Current Registered Agent		
Name Mark R. Patrick		
Street Address (P.O. Box Number is Not Acceptable) 4029 Atlantic Blvd.		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32207

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent 		Date 8/30/06	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title M	Name of Managing Member/Managers Contella Grandchildren's Trust	Street Address of Each Managing Member/Manager P.O. Box 4787, 6586 University Blvd.	City / State / Zip Winter Park, FL
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 requirements of section 606.408, 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.			
Signature of Managing Member/Manager 		Date 8/28/06	
Typed or printed name of signing Managing Member/Manager L. CONTELLA		Daytime Phone (407) 509-5926	

REINSTATEMENT

03-06

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