PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 26 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L03000015812

1. Limited Liability Company's Name
JASPER INTERNATONAL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8461 Lake Worth Rd	8461 Lake Worth Rd.
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State LAKE WORTH, FL	City & State LAKE NORTH, FLORIDA
Zip 33467 Country USA	Zip 33467 Country U.S.A.

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 2003

6. FEI Number 912199557 ☐ 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

National Corporate Research, Ltd., Inc.
Street Address (P.O. Box Not Acceptable)
515 East Park Avenue
Suite Apt # Etc.
City Tallahassee State FL Zip Code 32301

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [signature] VP Date 1/26/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Doreen L. Benson	17075 Gulf Pine Circle	Wellington, FL 33414
	REINSTATEMENT 08, 09		
	300137669333		600143028266
	11/05/08 01027-009 $243.75		02/06/09 01042-005 $138.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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 [signature] Date Jan 12, 09 Daytime Phone # 561 904 8110

Typed or printed name of signing Managing Member/Manager DOREEN BENSON

N. Coffman FEB 26 2009