

Feb 22 2010 11:26

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 FEB 26 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # W06000073435

1. Limited Liability Company's Name
Carpathia, LLC

800170579538
02/25/10--01042--016 **660.00

CR2ED4: (1/109)

2. Principal Office Address - No P.O. Box #
10517 Front Beach Rd
Suite, Apt. #, etc.
Unit 101 Tower Four
City & State
Panama City Beach, FL
Zip
32407 Country
USA

3. Mailing Office Address
34410 Preston Ridge Road
Suite, Apt. #, etc.
Suite 600
City & State
Alpharetta, GA
Zip
30005 Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
7/24/2006

6. FEI Number
20-5536075 Applied For:
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED 3-00 and 3-01 forms are required for this certificate of status.

8. Name and Address of Current Registered Agent

Name
GUY M. JEAN-PIERRE ESQ.
Street Address (P.O. Box Number is Not Acceptable)
23150 C SANDALFOOT PLAZA DR
Suite, Apt. #, Etc.
City
BOCA RATON State
FL Zip Code
33428

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] Date 02/22/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
Mgr	Joseph C. Canouse	10517 Front Beach Road Unit 101 Tower Four	Panama City Beach Florida 32407

11. E-mail Address: Jim.Carter@JPCcapital.com

12. I certify that I am managing member/manager of the decedent 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 and name have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature] Date 2/22/10 Daytime Phone # 770-521-1330
Typed or printed name of signing Managing Member/Manager Joseph C. Canouse ex 222