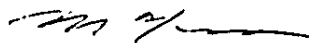
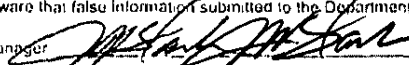


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name Doc # L07000033866 JBT Enterprises, LLC			
2. Principal Office Address - No P.O. Box # 8013 Latigo Trail Suite, Apt. #, etc.		3. Mailing Office Address 8013 Latigo Trail Suite, Apt. #, etc.	
City & State McKinney, Texas Zip Country 75070 USA		City & State McKinney Zip Country 75070 USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 03/29/2007	
6. FEI Number 208916332		Applied For ☐ Not Applicable ☐	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required of Status	
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324			
MAR 21 2014 900257699459 03/11/14--01023--017 **655.00			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 2/25/2014 REGISTERED AGENT MUST SIGN M. E. Jones,			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	John Brown	8013 Latigo Trail	McKinney, TX 75070
AR	Susan Todd	4308 Garland Drive	Haltom City, Texas 76117
AR	Charles Brown	5305 Englenook Drive	Parker, Texas 75002
AR	Bryan Jones	8201 Forest Glenn	North Richland Hills, TX 76182
11. E-mail Address: jeff@kellerstark.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/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 605.0012, 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, I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager  Date 2/14/2014 Daytime Phone # 972.516.8600 Typed or printed name of signing Authorized Representative/Manager Jeffrey M. Stark, Attorney for JBT Enterprises, LLC			