PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAR 10 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Doc # L07000033866

JBT Enterprises, LLC

REINSTATEMENT 2011-2014
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8013 Latigo Trail	8013 Latigo Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: McKinney, Texas	City & State: McKinney
Zip: 75070 Country: USA	Zip: 75070 Country: 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

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: Plantation State: FL Zip Code: 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: [signature] 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: [signature] Date: 2/24/2014 Daytime Phone #: 972.516.8600

Typed or printed name of signing Authorized Representative/Manager: Jeffrey M. Stark, Attorney for JBT Enterprises, LLC