PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

14 MAY 15 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L11000063986

1. Limited Liability Company's Name
The Jump House LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1107 3rd St. SW	P.O. Box 7442
Suite, Apt. #, etc.: Suite 17	Suite, Apt. #, etc.:
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33883 Country: USA	Zip: 33883 Country: USA

4. State/Country of Formation: Florida Polk County

5. Date Organized or Qualified To Do Business in Florida: 9-18-2012

6. FEI Number: 45-2046047 ☐ 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

Name: James W. Mac Meekin 3rd

Street Address (P.O. Box Number is Not Acceptable): 3913 Cypress Landing North

Suite, Apt. #, Etc.:

City: Winter Haven State: FL Zip Code: 33884

000260277060
05/15/14--01031--004 **382.50

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: JMac Meekin
REGISTERED AGENT MUST SIGN

Date: May 13, 2014

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
Owner MGR	James W. Mac Meekin 3rd	3913 Cypress Landing N	Winter Haven, FL 33884
Owner MGR	Frances M. Mac Meekin	3913 Cypress Landing N	Winter Haven FL 33884
			MAY 15 2014
			M. WILLIAMS

11. E-mail Address: franmacmeekin@yahoo.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: JMac Meekin Date: 5-13-14 Daytime Phone #: 863-229-5937

Typed or printed name of signing Authorized Representative/Manager