APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

01 DEC 17 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90000006475

1. Limited Liability Company's Name

MCJT Constructors, L.L.C.

REINSTATEMENT 2000-2001

2. Principal Office Address		3. Mailing Office Address	
7800 Southland Boulevard		7800 Southland Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 154		Suite 154	
City & State		City & State	
Orlando, FL		Orland, FL	
Zip	Country	Zip	Country
32809	USA	32809	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
10/7/99

6. FEI Number
Applied For
☐ 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
CT Corporation System

500004735335--9
-12/21/01--01007--015
****205.00 ****205.00

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 _____ Allan Farnell, Vice President Date _____

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
Member	J.A. Jones Construction Company, successor by merger to Metric Constructors, Inc.	J.A. Jones Drive	Charlotte, NC 28287

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. J.A. Jones Construction Company

Signature of Managing Member/Manager _____ Date 1-13-01 Daytime Phone # (704) 553-3000

By: John W. Springer, Vice President and Secretary

Typed or printed name of signing Managing Member/Manager _____