Division of Corporations

M00000001342

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

TWO SOUTH ORANGE STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M00000001342

1. Limited Liability Company's Name
Two South Orange Street, LLC

2. Principal Office Address	3. Mailing Office Address
100 East Pine Street	100 East Pine Street
Suite, Apt. #, etc. Suite 302	Suite, Apt. #, etc. Suite 302
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32801 / Country U.S.	Zip 32801 / Country U.S.

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: July 7, 2000

6. FEI Number: 59-3659553 ☐ 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: Cameron B. Kuhn

Street Address (P.O. Box Number is Not Acceptable): 100 East Pine Street

Suite, Apt. #, Etc.: Suite 302 — State: FL — Zip Code: 32801

City: Orlando

CR2EM11 (8/01)

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: 03/13/02

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
MGR	Kuhn-JDI Holdings, LLC	33 East Robinson Street	Orlando, Florida 32801

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.

Signature of Managing Member/Manager: [signature] Date: 3-12-02 Daytime Phone # 4075409966

Typed or printed name of signing Managing Member/Manager: Cameron Kahn