PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIA COMPAI REINSTATE	NY WEET	FLORIDA DEPA Secre DIVISION O		FILED 15 MAR II PM 6: 00 SECR. ALY 67 CTATE TATE OF 10 MAR				
DOCUMEN 1. Limited Liebility Co. J.H. HARVEY		896	Γ _λ	机 混合 高铁矿 "***" (17	* 0*I04			
2. Principal Office Add		3. Mailing Office Ad		CR2E041 (1/14)				
2110 EXECUTIVE DRIVE Suite, Apt. #, etc.		2110 EXECUTIVE DRIVE Suite, Apt. #, etc.			State/Country of Formation GEORGIA			
				5. Date Organi To Do Busin 06/29/2003	Date Organized or Qualified To Do Business in Florida oursyzous			
City & State SALISBURY	, NC	City & State SALISBURY, NC		1 7 7	6. FEI Number Applied For 050582869 Not Applied ble			
_{Zp} 28147	Country	^{Zip} 28147	Country	7.	7. SS 00 Additional Fee terior Certificate of Status DESIRED . for a Certificate of Status			
A 4 1 V	8. Name and Addres	s of Current Registered	Agent	Mile and Middle And Con-	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	ON SERVICE COM Box Number is Not Accepta REET			700270500807				
Suite, Apt. #, Etc. City TALLAHASSE	E		State Zip Code FL 32301					
I. being appointed Signature of Registered Agent	the registered agent of the	above named limited liabi	Stephanie Mile Stephanie Mile Asst. Vice President Must sign	esd accept the obliga	tions of Chapter 605, F.S.	16		
10. Names and Str	eet Addresses of Authorized	Representatives/Manage						
Titles	Name of Authorized Representatives/ Managers		Street Address of i Authorized Represer Manager		City / State / Zip			
MGR	G. LINN EVANS		2110 EXECUTIVE D		DR. SALISBURY, NC 28147-900			
	SELLERO		REIN	ISTAT	EMENT	2014-		
11, E-mail Address: c	sbollers@hunton	com			:	ω		
12. I certify that I am when filing this reinsta that all fees owed by t as if made under eath Signature of Authorized Represent	an authorized representative atement application the reasc the limited liability company h . I am aware that false interf	(To be //manager or the receiver in for dissolution has been paid. The interface been paid to be the paid of the paid to be the paid. The interface been paid to be the pai		cute this application a y company name sati ation is true and accu a third degree felony	sfies the requirements of se- rate, and my signature shall	ction 605.0012, F.S., and have the same legal effect .S.		

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 535908 4326321

AUTHORIZATION :

COST LIMIT COST

NAME: J.H. HARVEY CO., LLC

XX R	EINSTAI	TEME	1T							
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING										
CONTACT	PERSON	1: 0	Courtney Wi	111	lams					

EXAMINER'S INITIALS