2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# M04000000344

Entity Name: JPI CONSTRUCTION SERVICES GP LLC

Current Principal Place of Business:

600 E. LAS COLINAS BLVD., SUITE 1800
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

600 E. LAS COLINAS BLVD., SUITE 1800
IRVING, TX 75039

New Mailing Address:

FEI Number: 20-0595535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JPI INVESTMENT SERVI, CES, INC.
Address: 600 E. LAS COLINAS BLVD., SUITE 1800
City-St-Zip: IRVING, TX 75039

Title: MGRM ( ) Delete
Name: JPI SERVICE COMPANIE, S HOLDING LP
Address: 600 E. LAS COLINAS BLVD., SUITE 1800
City-St-Zip: IRVING, TX 75039

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOM KAVANAGH VP 10/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date