

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 20 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004939

1. Limited Liability Company's Name
JASON PROPERTIES, LLC

BK
05

900080007489

CR2E041 (8/05)

2. Principal Office Address
11445 CRONHILL DRIVE

Suite, Apt. #, etc.

City & State

OWINGS MILLS, MD

Zip

21117

Country

USA

3. Mailing Office Address

11445 CRONHILL DRIVE

Suite, Apt. #, etc.

City & State

OWINGS MILLS, MD

Zip

21117

Country

USA

4. State/Country of Formation

DELAWARE

**5. Date Organized or Qualified
To Do Business in Florida**

11/12/2004

6. FEI Number
470878760

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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32301

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**

Laura R. Dunlap

**Laura R. Dunlap
as its agent**

Date

9/20/06

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	BRADLEY T. MACDONALD	11445 CRONHILL DRIVE	OWINGS MILLS, MD 21117
MGR	MICHAEL S. MCDEVITT	11445 CRONHILL DRIVE	OWINGS MILLS, MD 21117

REINSTATEMENT 2005-2006

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**

/s/ Bradley T. Macdonald

Date 9/19/2006

Daytime Phone # 410-504-8276

Typed or printed name of signing Managing Member/Manager BRADLEY T. MACDONALD



CORPORATION SERVICE COMPANY

M04000004939

ACCOUNT NO. : 072100000032

REFERENCE : 462225 7407938

AUTHORIZATION :

COST LIMIT : \$

[Handwritten signature]

ORDER DATE : September 19, 2006

ORDER TIME : 2:12 PM

ORDER NO. : 462225-005

CUSTOMER NO: 7407938

BK

REINSTATEMENT

NAME: JASON PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

FILED
06 SEP 20 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 SEP 20 PM 2:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA